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ABSTRACT

This bibliography lists 94 references which: (1) describe fiscal issues in residential services in the mental retardation/developmental disabilities and related fields, or (2) offer a theoretical perspective on doing research in these areas. The bibliography reviews studies which compare the cost of community-based services with the cost of institutional services, and studies which examine costs associated with a particular approach to community services. To describe these primary references, a review form is utilized, which lists specific topic areas and contains check marks indicating topics covered in each study. These topics indicate: whether the item is a cost study, a policy study, or a research methodology; the population studied; settings; location; age range; funding sources; operators; and costs accounted for. A brief textual description of some of the major findings and implications of each study is also included. Two other sections of the bibliography offer references to background information, including policy analyses, economic research, and background data on residential services. For the background materials, a short annotation of several sentences synthesizes each reference. (JDD)

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# RESEARCH ON THE ECONOMICS OF RESIDENTIAL SERVICES IN MENTAL RETARDATION AND RELATED FIELDS: AN ANNOTATED BIBLIOGRAPHY

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# RESEARCH ON THE ECONOMICS OF RESIDENTIAL SERVICES IN MENTAL RETARDATION AND RELATED FIELDS: AN ANNOTATED BIBLIOGRAPHY

by

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August, 1987

A C K N O W L E D G E M E N T S

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Steven J. Taylor, Principal Investigator

Naomi Karp, Project Officer (NIDRR)

"The familiar last line in T.S. Eliot's Wasteland suggests that the world will end not with a bang but with a whimper. I believe Eliot was wrong. The world with end neither with a bang nor a whimper but with strident cries of 'cost-benefit ratio' by little men with no poetry in their souls. Their measuring sticks will have been meaningless because they are not big enough to be applied to the things that really count.

If CBR had been allowed to govern history, Socrates would have become a baby-sitter; Galileo and Giordano Bruno, court jesters; Columbus, a Venetian gondolier; John Milton, a maker of limericks; Jefferson a tax collector; Edison, inventor of rubber stamps, and Einstein, a uranium prospector. What was common to them all was a respect for abstractions and a willingness to submit their ideas to the verdict of later generations.

...The great leaps are still the surest way to higher ground. Exactly what will happen on that ground is uncertain except for one controlling fact: We will become aware of yet higher stations and will enlarge our awareness of what it is that we do not know. And we will discover something even more important than answers. We will discover new questions. If progress is what is left over after we meet a supposedly impossible problem, then the stage will have been set for progress."

Norman Cousins
"The Fallacy of Cost-Benefit Ratio"
Saturday Review, April 14, 1979

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# INTRODUCTION

TAKING RESEARCH FOR WHAT IT'S WORTH

A recurring question in the public policy dialogue on services to people with physical and mental disabilities who require support in their daily lives is: What is the most cost-effective model of services? Some advocates contend that this is not a relevant question because cost is not an appropriate consideration when dealing with people's lives. On the other hand, some policy makers and public administrators hold that the direct public financial cost of services is an overriding consideration in all policy decisions. Most participants in this discussion fall somewhere between these two positions. They seek the best quality of life for people in need of support, but they want services delivered in a fiscally responsible fashion. This search for cost-effectiveness has created an audience hungry for the findings of economic researchers.

The field of developmental disabilities in particular seems to be looking for THE STUDY which will pull all the pieces together and solve its fiscal dilemma. The issue are often simplistically drawn in terms of institution versus community based services. However, as soon as we venture into the field the number of potential positions in the debate proliferate: individual supports versus group homes, cash subsidy versus family support agencies, small versus large group size, ICF/MRs versus Medicaid waiver, specialized versus generic services, entitlement to services versus the "woodwork effect," and so forth. It sometimes seems as though every issue in the field has major fiscal implications. This complexity is hardly conducive to some meta-economic study which will resolve all the conflicts in the field.

While the myriad fiscal issues in the field of developmental disabilities form a conceptual muddle which make global analysis impossible, a review of even a clearly focused sub-set of the economic studies leaves the critical reader convinced of the

inability of this research to provide clear answers to any question. What does become clear is that economic research cannot be divorced from a broader perspective on the entire field of developmental disabilities. While research can influence policy decisions, the truth of the matter is that research--even economic research--does not determine policy. Whether for good or ill as a society we make decision based on value systems which have little or no connection to the results of scientific inquiry. The truth is that research is usually used after the fact to garner support for a decision which has already been made.

The other fallacy buried in all research which has any relevance to public policy decisions is the myth of value free science. Every researcher working in the behavioral science or human services has a personal perspective on the issues he or she is examining. To say that this personal belief system or individual ideology does not influence research and the presentation of findings is unrealistic. For example, to report data from an economic study of community-based services and claim that the fiscal information is presented in an entirely neutral manner seems to us to espouse a point of view which sees the balance sheet taking priority over other considerations. This is truly an ideological position. It should be recognized as such. At least by stating individual biases openly and honestly the writer gives the reader all of the information necessary to critically evaluate the information presented.

By highlighting the relationship of research to policy and pointing out the ideological content of all research at the outset of this report we do not mean to imply that all research, or economic research specifically, is only intended to supply jobs for researchers. On the contrary we are committed to the belief that



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research can tell us something about the social world in which we live. However, it is imperative that all research which can have a direct impact on the quality of life available to people be read critically. It must be seen for what it is: an expression of a complex set of social forces which influence our social, political, economic, educational, and human service institutions. Research in this area cannot be viewed in the same light as studies in the physical sciences. In the arena of social policy and human services, research provides useful information, not the final answer or the "truth" about the situation under scrutiny. Therefore, this introduction is intended as a proviso to the view all the material reviewed here in that light.

Recognizing that limitations are inherent in the research enterprise, this report is intended to give the most rudimentary organization to the diverse array of materials which either report research on fiscal issues in residential services or offer a theoretical perspective on doing this type of research. The motivation underlying this review and the perspective from which materials were examined is a firm belief that the right of all people with disabilities to live in the community is not an open question. No one should be cut off from the life of the human community because of any kind of individual difference. We feel that economic research should serve the end of providing the information needed to achieve this goal in a cost effective manner. While this is our perspective we have not allowed it to disguise the serious questions raised by studies which seem to support another position in this policy debate. In the reviews which follow we have attempted to point out the meaning of these sometimes troublesome findings for our position.

ORGANIZATION OF THIS REPORT

As it was initially conceptualized this project was focused on reviewing all studies in the literature on developmental disabilities which compare the cost of institutional and community services. However, once we began exploring the literature it became clear that our initial focus was too narrow. We needed to examine some of the literature which offered various models of analysis for economic research targeted on policy issues. We also discovered a number of parallel studies that focused on other disability groups that contributed useful insights to any discussion on community-based services. Finally some studies of a particular model of services (e.g., the ICF/MR or Medicaid funded home care programs for older people at risk of institutionalization) were found to be a necessary supplement to the main body of economic research.

An initial body of literature was collected based on a search of number of on-line databases (ERIC, NIMH, PSYCH), the reference list of major economic literature reviews (e.g., MACRO systems, 1985; Weick & Bruininks, 1980), and the nominations of an advisory panel of researchers who have examined economic issue. This process identified 160 books, reports, papers, and journal articles. An attempt was made to review everything identified by this initial search. Unfortunately, some of the material could not be obtained. These works were eliminated from consideration based on the principle that any research that is to be of any use must be available through normal channels of acquisition. As a result of a preliminary review we eliminated 66 items from further consideration. These materials were dropped for the most part because they were either: (a) a highly specialized examination of a narrow aspect of economic research, (b) only dealt with intra-institutional cost comparisons, or (c) focused exclusively on a question which is only relevant to a population other than

people with developmental disabilities. As a result of this process 94 references were included for review here.

The references in this report are organized for the reader in the following manner:

* Section 1, "Economic studies of residential services for people with mental retardation," reviews 32 studies. Most of these studies compare the cost of community-based services with cost of institutional services. A few of the studies in this section only examine cost associated with a particular approach to community services.
* Section 2, "Additional resources related to economic research on services for people with mental retardation," provides an annotated listing of references which can generally be regarded as providing background for examining the studies in Section 1. The Section 2 resources provide policy analyses, discussions of relevant issue in economic research, background data on residential services, and a few specialized studies which supplement Section 1 studies.
* Section 3, "Economic studies of services for other populations," and Section 4, "Additional resources related to economic research on services for other populations," essentially parallel Sections 1 and 2 with the difference that the materials reviewed in these sections primarily focus on populations other than people with mental retardation and developmental disabilities. As pointed out above, these latter references are included here because the central issues (e.g., Medicaid reform) and some of the questions raised by these materials are often the same as those in the field of developmental disabilities. Consequently, they need to be considered by those who see the field of developmental disabilities as their primary focus.

READING THE REVIEWS

An effort was made to present the material in this report in the most concise manner possible. Our aim is to give the readers enough information to know what the reference is about so they can make an informed decisions as to whether it is worth obtaining and reading. Each reference is presented in the format suggested by the Publications Manual of the American Psychological Association (3rd Edition, 1983). Based on these citations the interested reader can obtain these references from a university library, an inter-library loan program, or by writing to the primary author at the institution indicated in the citation. For the background materials in Sections 2 and 4 a short annotation of several sentences is used to synthesize each reference. The reviews of the primary references in Sections 1 and 3 require a bit of explanation.

Based on our review of major references, the authors generated a list of topics that continually recurred in the materials and which were likely to be of major interest to the readers of this report. This listing was refined and assembled on a standard form which can be quickly scanned to determine if a particular reference discusses a specific topic. Each reference was then reviewed for the purpose of filling in the form.

In general, operational definitions of the terms on the form were not developed. In almost every case a check mark indicates that this term, or a closely related word, was used by the author of the original source to describe services. This functional definition of terms does impose some limitation on reading the annotation, since it is not always completely clear what the original author groups under a particular term. For example in some cases an article may speak about "group homes" generically and provide no further clarification of what is included in that

classification. In these cases it is unclear if any facilities classified as Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) are included under the label group homes, and therefore the item ICF/MR will not be checked on the form. On the other hand, another author may differentiate ICFs from group homes and this will be reflected on the form.

The first three items on the review form, in the upper left hand corner, provide a classification for the primary focus of the reference. A check in one of these items indicate that this item makes a primary contribution as a COST STUDY, a POLICY study, or as a research METHODOLOGY. Directly below that are two columns of categories for the "population" covered by the study. As noted above these items are used to designate the use of one of these terms or a closely related term in the reference. Certainly, some of the terms listed here are over-lapping, but the sometimes subtle distinctions are important. For example use of the term PHYSICALLY HANDIcapped and not MULTI-HANDICAPPped or SEVERELY HANDIcapped usually indicates that the author has specifically excluding anyone with mental retardation from consideration. MEDICALLY FRAGILE is usually used to identify people in need of long term medical supports such as nursing or specialized equipment. While CHRONIC ILLness is used for people who are often identified with the elderly population, DUAL DIAGNOSIS is used to refer to people who are identified as being mentally retarded, but also needing mental health services.

The rest of the upper half of the form provides information regarding the kind of "settings" discussed. COST COMPARISON indicates that two or more different approaches to services are compared. Often this is simply expressed as an INSTITUTION versus COMMUNITY comparison. A few studies compare the cost of different types of



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units within one or several institution(s) this is reflected by a check in COMPARE UNITS rather than a COST COMPARISON. HOSPITAL can refer to state mental hospital, medical facility, or, occasionally, mental retardation institution. NURSING HOME is used generically. A very few authors differentiate various levels of nursing care (Skilled Nursing Facility (SNF) versus Intermediate Care Facility (ICF))and these rare distinctions are not reflected on the review forms, but are noted under COMMENTS. GROUP HOMES, as indicated above, reflects the use of that designation in the reference. The size parameters given on the form refer to the LARGEST and SMALLEST community settings given in the reference. ICF/MR is checked if the reference specifically discusses the Intermediate Care Facilities for Mentally Retarded program funded under Title XIX of Medicaid. APARTMENTS is checked if that term is used to describe the services in the reference. If the nature of the support provided in apartments is described in more detail as either SUPERVISED (i.e., with live-in staff) or SUPPORTED (i.e., with on-call or part-time staff support) then the appropriate category will be checked. INDEPENDENT LIVing is used to describe an Independent living program, while the OWN/FAMILY HOME category designates a situation where people receive supports in the home from a diverse array of services

The items checked under the heading "location" and "age range" are all self-explanatory. These items indicate how the authors describe the locales and subjects in the reference.

The "funding sources" items indicate all of the sources of funding which are mentioned in each reference. SUPP SEC refers to Supplemental Security Income (SSI) and SOC SEC indicates that Social Security funds are discussed. M/A WAIVER is used to identify a reference which discusses any of the community-based programs funded by Medicaid under Section 1915(c) of the Social Security Act. CHARITY indicates that

private donations are discussed as one source of funding for services. If CHARGES is checked it means that the author discusses services which are paid for by the persons receiving them. The items under "operators" are used to specify what type of corporate entities run the services discussed in the reference. If this is not clearly specified in the reference these items are left blank.

The last group of check off items attempts to designate all of the "costs accounted for" in each reference. Most of the items under this heading are self-explanatory, but a few require a word of clarification. Often a reference will discuss RESIDENTIAL costs in general. Some studies go on to specify these expenses in more detail. CONSULTANTS is used as a blanket category to cover the expenses of consulting psychologists, occupational and physical therapists, and other support personnel. PERSONAL is checked if the reference discusses how the recipients of services spend money on an individual basis. DAY PROGRAM is the generic category which is most often used to identify what the residents of a program do during the day. In a few cases the nature of this daily activity is further specified as VOCATIONAL (i.e., sheltered or competitive work), EDUCATIONAL (i.e., schooling), or DAY ACTIVITY (i.e., adult day or day treatment centers). OTHERS and the spaces under that category are used to specify unusual costs or cost which are accounted for in a non-typical manner.

Under COMMENTS we have outlined some of the specific highlights of each reference. We have attempted to list the major findings, important limitations, and implications of the reference. If the comments are read in isolation they may appear



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to be very cryptic. This reflects an understanding that the reader has also scanned the items checked off on the form and so has some basic information about the citation. The comment is typically brief because it would be redundant to repeat information in textual form that is already indicated by a check on the form.

- J.A.K.

# ECONOMIC STUDIES OF RESIDENTIAL SERVICES FOR PEOPLE WITH MENTAL RETARDATION

Alberta Association for the Mentally Retarded. (1982, May). A comparative analysis of a community living model and an institution based model of care for persons who live with a severe handicap. Alberta Association for the Mentally Retarded.

COST STUDY [x] METHODOLOGY [] SETTINGS: COST COMPARISON [x]
POLICY [] INSTITUTION [x] COMMUNITY [x]

POPULATION:
MENTALLY RETARDED []
MENTAL HEALTH []
MULTI-HANDICAP []
MEDICALLY FRAGILE []
SEVERELY HANDI. [x]
DEVELOP. DIS []
ELDERLY []
PHYSICAL HANDI. []
CHRONIC ILL []
DUAL DIAGNOSIS []

COMPARE UNITS []
HOSPITAL []
INPATIENT []
OUTPATIENT []
NURSING HOMES []

GROUP HOMES [x]
SMALLEST: 5-7
LARGEST 30
ICF/MR []
FOSTER CARE []

APARTMENTS []
SUPERVISED []
SUPPORTED []
INDEPENDENT LIV []
OWN/FAMILY HOME []

LOCATION:
NATIONAL []
STATE []
REGIONAL []
FOREIGN [x]
RURAL []
URBAN []
SUBURB []
MIXED [x]

AGE RANGE:
CHILDREN []
ADULTS []
ELDERLY []
ALL [x]

FUNDING SOURCES:
MEDICARE []
MEDICAID []
SUPP SEC []
SOC SEC []

M/A WAIVER []
STATE FUNDS []
COUNTY FUNDS []
CHARITY []
CHARGES []

OPERATORS:
STATE/PUBLIC [x]
NON PROFIT PRIV [x]
PROFIT PRIV []

COSTS ACCOUNTED FOR:
RESIDENTIAL []
RENT []
FOOD [x]
STAFF [x]
RECREATION []
UTILITIES []

MEDICAL []
CONSULTANTS []
RESPITE []
TRAINING []
STAFF []
PARENTS []

FAMILY SUBSIDY []
FAMILY SUPPORT []
TRANSPORTATION []
CASE MANAGER []
ADMINISTRATION []
PERSONAL []

DAY PROGRAM []
VOCATIONAL []
EDUCATIONAL []
DAY ACTIVITY []
ADAPTIVE EQUIP []
NURSING []

OTHERS (LIST) [x]
maintenance
furnishings
land/site development

COMMENTS: Six services models were examined with limited fiscal data being presented. Community services shown to be less expensive than institutional services. Human considerations, as well as economic, were offered as reasons why community services are preferable to those in institutions.

Ashbaugh, J., & Allard, M. A. (1984). Longitudinal study of the court-ordered deinstitutionalization of Pennhurst residents: Comparative analysis of the cost of residential, day and other programs within institutional and community settings. Boston, Massachusetts: Human Services Research Institute

| | | | | | |
|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [x] | SETTINGS: | | COST COMPARISON [x] | |
| | POLICY [] | INSTITUTION | [x] | COMMUNITY | [x] |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| POPULATION: | | | | COMPARE UNITS | [] | GROUP HOMES [x] | APARTMENTS [] |
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [] | HOSPITAL | [] | SMALLEST 1 | SUPERVISED [] |
| MENTAL HEALTH | [] | ELDERLY | [] | INPATIENT | [] | LARGEST >10 | SUPPORTED [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR [] | INDEPENDENT LIV [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [] | FOSTER CARE [] | OWN/FAMILY HOME [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | OPERATORS: |
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE [x] | | STATE FUNDS [] | STATE/PUBLIC [] |
| STATE | [x] | URBAN | [] | ADULTS | [] | MEDICAID [x] | | COUNTY FUNDS [] | NON PROFIT PRIV [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC [x] | | CHARITY [] | PROFIT PRIV [] |
| FOREIGN | [] | MIXED | [x] | ALL | [x] | SOC SEC [x] | | FEE FOR SERV [] | |

| | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | |
| RESIDENTIAL | [x] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [x] | |
| RENT | [] | CONSULTANTS | [x] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [x] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This study attempts to identify and compare the costs (checked above) in institutional and community settings and explain the differences in these costs. Special emphasis is given to careful methodology to overcome the limitations of previous studies. In general community programs were found to cost less but with many provisos. Some points highlighted include: 1) the saving inherent in use of generic community services, 2) the specialization of services in institutions is not a source of savings, 3) much of the community saving reflects lower pay of community workers, 4) community programs showed greater worker involvement with residents, 5) institutional cost of individuals are not accurately reflected in average per diems, 6) real cost effectiveness may be served by an individual perscriptive approach to service design rather than the current use of limited narrative models, and 7) further more narrowly focused research is needed on specific aspects of residential services and its costs.

Baker, B., Seltzer, G., & Seltzer, M. (1977). As close as possible. Cambridge, Massachusetts: Behavioral Education Projects, Harvard University

COST STUDY [x] METHODOLOGY [] SETTINGS: COST COMPARISON [x]
POLICY [] INSTITUTION [x] COMMUNITY [x]

| POPULATION: | | | | COMPARE UNITS [] | GROUP HOMES [x] | APARTMENTS [x] |
|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [] | HOSPITAL [] | SMALLEST_____ | SUPERVISED [] |
| MENTAL HEALTH | [] | ELDERLY | [] | INPATIENT [] | LARGEST_____ | SUPPORTED [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT [] | ICF/MR [] | INDEPENDENT LIV [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES [] | FOSTER CARE [x] | OWN/FAMILY HOME [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [x] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS [] | STATE/PUBLIC | [x] |
| STATE | [] | URBAN | [] | ADULTS | [] | MEDICAID | [] | COUNTY FUNDS [] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [] | CHARITY [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [x] | ALL | [x] | SOC SEC | [] | FEE FOR SERV [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: Contains a short chapter on sponsorship of residential services. Cautions are given when comparing institutional vs. community residential costs since the budgets of each may not be inclusive of all costs. However, figures are given which show the mean budget per resident by residential model. Some of the residential services examined include "work-dormatories," "sheltered villages," and "small," "medium" and large group homes.

Bensberg, G. J., & Smith, J. J. (1983). Comparative costs of public residential and community residential facilities for the mentally retarded, Working Paper W-50. Texas Tech University Research and Training Center in Mental Retardation. (Also published in Education and Training of the Mentally Retarded, 19 (1984), 45-48.)

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | | METHODOLOGY [] | | SETTINGS: | | COST COMPARISON [x] | | | |
| | | POLICY [] | | INSTITUTION | [x] | COMMUNITY | [x] | | |
| POPULATION: | | | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARIMENTS | [] |
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [] | HOSPITAL | [] | SMALLEST 5 | | SUPERVISED | [] |
| MENTAL HEALTH | [] | ELDERLY | [] | INPATIENT | [] | LARGEST 10 | | SUPPORTED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [x] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
| NATIONAL | [] | RURAL | [x] | CHILDREN | [x] | MEDICARE | [] | STATE FUNDS | [] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [x] | ADULTS | [x] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB | [x] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [] | ALL | [] | SOC SEC | [] | FEE FOR SERV | [] | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) | [x] |
| RESIDENTIAL | [] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | | |
| RENT | [x] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | maintenance/repair | |
| FOOD | [x] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | | |
| STAFF | [x] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ | |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [x] | ADAPTIVE EQUIP | [] | | |
| UTILITIES | [x] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ | |

COMMENTS: Costs for 16 group homes in Texas are compared to state run institutions and group homes. The authors reported that cost comparisons were difficult to make because of "hidden costs." This study found that community costs are at least equal to, if not greater than, institutional costs, however, other non-fiscal costs (e.g., living a "normal" life) should be taken into serious consideration. In addition there are major methodological problems with the way costs for each setting was determined.

Boggs, E. (1981, June 5). Testimony on the Medicaid program and mentally retarded people to the subcommittee on Health and Environment of the House Committee on Energy and Commerce (pp. 476-500) Serial No. 97-19. Washington, DC: U. S. Government Printing Office.

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [] | SETTINGS: | COST COMPARISON [x] | | | | | | |
| | POLICY [x] | INSTITUTION [x] | COMMUNITY [] | | | | | | |
| POPULATION: | | COMPARE UNITS [] | GROUP HOMES [x] | APARTMENTS [x] | | | | | |
| MENTALLY RETARDED [x] | DEVELOP. DIS [] | HOSPITAL [] | SMALLEST_____ | SUPERVISED [] | | | | | |
| MENTAL HEALTH [] | ELDERLY [] | INPATIENT [] | LARGEST_____ | SUPPORTED [] | | | | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT [] | ICF/MR [x] | INDEPENDENT LIV [] | | | | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES [] | FOSTER CARE [] | OWN/FAMILY HOME [] | | | | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |
| LOCATION: | | AGE RANGE: | FUNDING SOURCES: | M/A WAIVER [] | OPERATORS: | | | | |
| NATIONAL [x] | RURAL [] | CHILDREN [] | MEDICARE [] | STATE FUNDS [] | STATE/PUBLIC [x] | | | | |
| STATE [x] | URBAN [] | ADULTS [] | MEDICAID [x] | COUNTY FUNDS [] | NON PROFIT PRIV [x] | | | | |
| REGIONAL [] | SUBURB [] | ELDERLY [] | SUPP SEC [] | CHARITY [] | PROFIT PRIV [] | | | | |
| FOREIGN [] | MIXED [] | ALL [x] | SOC SEC [] | FEE FOR SERV [] | | | | | |
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] | |
| RESIDENTIAL [] | MEDICAL [] | FAMILY SUBSIDY [] | DAY PROGRAM [] | | | | | | |
| RENT [] | CONSULTANTS [] | FAMILY SUPPORT [] | VOCATIONAL [] | | | | | _____ | |
| FOOD [] | RESPITE [] | TRANSPORTATION [] | EDUCATIONAL [] | | | | | | |
| STAFF [] | TRAINING [] | CASE MANAGER [] | DAY ACTIVITY [] | | | | | _____ | |
| RECREATION [] | STAFF [] | ADMINISTRATION [] | ADAPTIVE EQUIP [] | | | | | | |
| UTILITIES [] | PARENTS [] | PERSONAL [] | NURSING [] | | | | | _____ | |

COMMENTS: This testimony on the Medicaid program argues that Medicaid not be capped and that such monies be provided for community vs. institutional services. Reference is made in the testimony to a number of studies which compare costs of community and institutional residences. The consistent finding in these citations is that community services are more cost effective. Boggs estimates savings of $1,627 per person per month, or up to $20,364 per year. She points out that current federal financial incentives promote institutionalization rather than deinstitutionalization. That is, although total costs are more in institutional settings, state costs are often less due to federal support so states feel an economic pressure for institutionalization. Boggs also reports that in a study of national costs of services for people with autism, homes serving six or few consumers reported substantially lower costs than larger settings. Unfortunately, because of the nature of testimony to Congressional hearings, full references to studies she discussed are not available.

Braddock, D., Hemp, R., & Fujiura, G. (1986). Public expenditures for mental retardation and developmental disabilities: State profiles FY 1977-1986. Public Policy Monograph Number 29. Chicago: University of Illinois.

COST STUDY [x] METHODOLOGY [] SETTINGS: COST COMPARISON [x]
POLICY [] INSTITUTION [x] COMMUNITY [x]

| POPULATION: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [x] | COMPARE UNITS | [] | GROUP HOMES | [] | APARIMENTS | [] |
| MENTAL HEALTH | [] | ELDERLY | [] | HOSPITAL | [] | SMALLEST_____ | | SUPERVISED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [x] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [x] | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE | [] | URBAN | [] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [x] | CHARITY | [] | PROFIT PRIV | [x] |
| FOREIGN | [] | MIXED | [x] | ALL | [x] | SOC SEC | [x] | FEE FOR SERV | [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This is the most recent (#29) in a series of public policy monographs by Braddock and his colleagues. This monograph, and the entire series, is an excellent source of cost data. This monograph presents for each state a graphic fiscal profile and detailed technical notes on public expenditures on developmental disability and mental retardation services. This monograph is organized into four parts. Part One consists of three chapters summarizing: a) budgeting characteristics of the states; b) organizational characteristics of the MR/DD agencies; and c) FYs 1977-86 spending trends in the states. Part Two presents a series of national charts and tabular displays. The national chart sequence displays aggregated data for the fifty states and the District of Columbia in terms of: (a) revenue sources; (b) summaries of institutional services data; and (c) state rankings of fiscal effort in institutional and community services. Part Three contains the 51 individual State Profiles. Each present: a)technical notes; b) a five-page chart sequence; and, c) MR/DD revenues and expenditures in a spreadsheet. Part Four of the monograph presents Federal Income Maintenance data. This information is especially useful for planners or researchers who need information on various states and the rank ordering of states on various economic variables.

Braddock, D., Hemp, R., & Fujiura, G. (in press). National study of public spending for mental retardation and developmental disabilities. American Journal of Mental Deficiency.

COST STUDY [x] METHODOLOGY [x] POLICY [] SETTINGS: INSTITUTION [x] COST COMPARISON [x] COMMUNITY [x]

POPULATION:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [x] | COMPARE UNITS | [] | GROUP HOMES [] | APARIMENTS [] |
| MENTAL HEALTH | [] | ELDERLY | [] | HOSPITAL | [] | SMALLEST_____ | SUPERVISED [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | INPATIENT | [] | LARGEST_____ | SUPPORTED [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | OUTPATIENT | [] | ICF/MR [x] | INDEPENDENT LIV [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | NURSING HOMES | [] | FOSTER CARE [] | OWN/FAMILY HOME [] |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [x] | RURAL | [] | CHILDREN | [] | MEDICARE | [x] | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE | [] | URBAN | [] | ADULTS | [] | MEDICAID | [] | COUNTY FUNDS | [x] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [x] | CHARITY | [] | PROFIT PRIV | [x] |
| FOREIGN | [] | MIXED | [] | ALL | [x] | SOC SEC | [x] | FEE FOR SERV | [] | | |

COSTS ACCOUNTED FOR:

| | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This article provides a concise summary of the material contained in the large volume produced by the same authors. The focus here is on national trends in spending for institutional and community services. It is worth noting that the authors classified any ICF/MR in the >15 category as an institution. Their findings highlight: a) the escalating per diems in institutions; b) the gradual growth of total dollars to community settings; and c) the different sources of revenue financing institutions and community (the institutions are much more heavily supported by federal monies). An interesting table rates all states and the District of Columbia by net community versus institutional effort in 1986 and 1984. A special emphasis is given to how the ICF program is under writing large facilities. A concern is that only 13 states spend more on the community than they do in institutions.

Braddock, D., Hemp, R., & Howes, R. (1985). Public expenditures for mental retardation and developmental disabilities in the United States: Analytical summary. Chicago, Illinois: Public Policy Monograph Series Number 6, University of Illinois at Chicago.

COST STUDY [x] METHODOLOGY [] SETTINGS: COST COMPARISON []
POLICY [] INSTITUTION [x] COMMUNITY [x]

| POPULATION: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [x] | COMPARE UNITS | [] | GROUP HOMES | [] | APARTMENTS | [] |
| MENTAL HEALTH | [] | ELDERLY | [] | HOSPITAL | [] | SMALLEST_____ | | SUPERVISED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [x] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE | [] | URBAN | [] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [x] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [x] | ALL | [x] | SOC SEC | [] | FEE FOR SERV | [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: Expenditures for "mental retardation" and "developmental disabilities" for fiscal year's 1977-84 are presented through separate federal, state and intergovernmental expenditure analyses. Expenditures appear greater for institutional services then community services, although no per diems offered.

Braddock, D., Hemp, R., & Howes, R. (1986). Direct costs of institutional care in the United States. Mental Retardation, 24(1), 9-17.

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [] | SETTINGS: | COST COMPARISON [] | | | | | | |
| | POLICY [] | INSTITUTION [x] | COMMUNITY [] | | | | | | |
| POPULATION: | | COMPARE UNITS [x] | GROUP HOMES [] | APARIMENTS [] | | | | | |
| MENTALLY RETARDED [x] | DEVELOP. DIS [x] | HOSPITAL [] | SMALLEST_____ | SUPERVISED [] | | | | | |
| MENTAL HEALTH [] | ELDERLY [] | INPATIENT [] | LARGEST_____ | SUPPORTED [] | | | | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT [] | ICF/MR [] | INDEPENDENT LIV [] | | | | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES [] | FOSTER CARE [] | OWN/FAMILY HOME [] | | | | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |
| LOCATION: | | AGE RANGE: | FUNDING SOURCES: | M/A WAIVER [] | OPERATORS: | | | | |
| NATIONAL [x] | RURAL [] | CHILDREN [] | MEDICARE [] | STATE FUNDS [x] | STATE/PUBLIC [x] | | | | |
| STATE [] | URBAN [] | ADULTS [] | MEDICAID [x] | COUNTY FUNDS [] | NON PROFIT PRIV [] | | | | |
| REGIONAL [] | SUBURB [] | ELDERLY [] | SUPP SEC [] | CHARITY [] | PROFIT PRIV [] | | | | |
| FOREIGN [] | MIXED [x] | ALL [] | SOC SEC [] | FEE FOR SERV [] | | | | | |
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] | |
| RESIDENTIAL [] | MEDICAL [] | FAMILY SUBSIDY [] | DAY PROGRAM [] | | | | | | |
| RENT [] | CONSULTANTS [] | FAMILY SUPPORT [] | VOCATIONAL [] | _____ | | | | | |
| FOOD [] | RESPITE [] | TRANSPORTATION [] | EDUCATIONAL [] | | | | | | |
| STAFF [] | TRAINING [] | CASE MANAGER [] | DAY ACTIVITY [] | _____ | | | | | |
| RECREATION [] | STAFF [] | ADMINISTRATION [] | ADAPTIVE EQUIP [] | | | | | | |
| UTILITIES [] | PARENTS [] | PERSONAL [] | NURSING [] | _____ | | | | | |

COMMENTS: Cost for institutional care in the U. S. between fiscal year's 1977 and 1984 are summarized in this article. The authors conclude that as the census in institutions decreases the per diem rates increase. The authors also identify three trends: 1) adjusted for inflation, national spending for institutions has reached a plateau; 2) nation wide, the spending of state revenue in institutions has decreased; and 3) the federal government is now an equal partner with the states in financing of state institutions.

Castellani, P. (1986). Policy perspective on the economics of mental retardation: The new environment of developmental services. Mental Retardation, 24(1), 5-7

COST STUDY [] METHODOLOGY [] SETTINGS: COST COMPARISON []
POLICY [x] INSTITUTION [] COMMUNITY []

POPULATION:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [] | COMPARE UNITS | [] | GROUP HOMES [] | APARTMENTS [] |
| MENTAL HEALTH | [] | ELDERLY | [] | HOSPITAL | [] | SMALLEST_____ | SUPERVISED [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | INPATIENT | [] | LARGEST_____ | SUPPORTED [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | OUTPATIENT | [] | ICF/MR [] | INDEPENDENT LIV [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | NURSING HOMES | [] | FOSTER CARE [] | OWN/FAMILY HOME [] |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [] | STATE/PUBLIC | [] |
| STATE | [] | URBAN | [] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [] | ALL | [] | SOC SEC | [] | FEE FOR SERV | [] | | |

COSTS ACCOUNTED FOR:

| | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: Although this position paper presents no data, it asks (and offers answers to) several important policy questions: (1) Who is to be served? (2) How will services be organized? (3) How will services be funded? In response to this final question, Castellani suggests that we have focused too narrowly on Title XIX (the federal Medicaid program) as a source of funding; that a policy framework must take into account the dynamics of the growing private provider sector and that the costs to families of people with handicaps must be considered. He also predicts a greater use of so-called "capitation" financing models designed to drive down the costs of services.



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Conroy, J., & Bradley, V. (1985). The Pennhurst longitudinal study: Combined report of five years of research and analysis. Temple University Developmental Disabilities Center and Human Services Research Institute.

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | | METHODOLOGY [] | | SETTINGS: | | COST COMPARISON [x] | | | |
| | | POLICY [x] | | INSTITUTION | [x] | COMMUNITY | [x] | | |
| POPULATION: | | | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARIMENTS | [] |
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [] | HOSPITAL | [] | SMALLEST_____ | | SUPERVISED | [] |
| MENTAL HEALTH | [] | ELDERLY | [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [x] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [] | STATE/PUBLIC | [] |
| STATE | [x] | URBAN | [] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [] | ALL | [x] | SOC SEC | [] | FEE FOR SERV | [] | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) | [] |
| RESIDENTIAL | [x] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [x] | | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ | |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [x] | EDUCATIONAL | [] | | |
| STAFF | [x] | TRAINING | [] | CASE MANAGER | [x] | DAY ACTIVITY | [] | _____ | |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ | |

COMMENTS: One section of this summary report discusses the economic research which was reported in more detail in Ashbaugh & Allard (1984). The report points to lower cost in the community but raises some serious questions about this saving being made based on lower staff salaries in community. Six recommendations concerning funding and policy are made. These focus on revision of the ICF program, the development of waiver programs, the need for homelike individualized settings, better pay for community workers, the need for advocates to point to a better life in the community and not using only economic arguments when funding.

Eastwood, E. A. (1985). Residential and day program costs for persons with mental retardation: A comparison of institutional and community sites. Belchertown, Massachusetts: Belchertown State School.

COST STUDY [x] METHODOLOGY [] SETTINGS: COST COMPARISON [x]
POLICY [] INSTITUTION [x] COMMUNITY [x]

POPULATION:
MENTALLY RETARDED [x] DEVELOP. DIS [] COMPARE UNITS [] GROUP HOMES [x] APARTMENTS []
MENTAL HEALTH [] ELDERLY [] HOSPITAL [] SMALLEST:_____ SUPERVISED []
MULTI-HANDICAP [] PHYSICAL HANDI. [] INPATIENT [] LARGEST_____ SUPPORTED []
MEDICALLY FRAGILE [] CHRONIC ILL [] OUTPATIENT [] ICF/MR [] INDEPENDENT LIV []
SEVERELY HANDI. [] DUAL DIAGNOSIS [] NURSING HOMES [] FOSTER CARE [] OWN/FAMILY HOME []

LOCATION:
NATIONAL [] RURAL []
STATE [x] URBAN []
REGIONAL [] SUBURB []
FOREIGN [] MIXED []

AGE RANGE:
CHILDREN []
ADULTS [x]
ELDERLY []
ALL []

FUNDING SOURCES:
MEDICARE []
MEDICAID []
SUPP SEC []
SOC SEC []

M/A WAIVER []
STATE FUNDS [x]
COUNTY FUNDS []
CHARITY []
CHARGES []

OPERATORS:
STATE/PUBLIC [x]
NON PROFIT PRIV []
PROFIT PRIV []

COSTS ACCOUNTED FOR:
RESIDENTIAL [x] MEDICAL [] FAMILY SUBSIDY [] DAY PROGRAM [x] OTHERS (LIST)[x]
RENT [x] CONSULTANTS [] FAMILY SUPPORT [] VOCATIONAL [] maintenance
FOOD [x] RESPITE [] TRANSPORTATION [] EDUCATIONAL []
STAFF [x] TRAINING [x] CASE MANAGER [] DAY ACTIVITY [] _____
RECREATION [] STAFF [x] ADMINISTRATION [] ADAPTIVE EQUIP []
UTILITIES [] PARENTS [] PERSONAL [] NURSING [] _____

COMMENTS: This study compared costs to Belchertown State School to costs in state operated community settings for fiscal year 1984. Great efforts were made to insure comparing of equal cost categories in this study. Community residential and work services were shown to cost substantially less than institutional services (50-60% less). The ability to adequately match cost categories is a difficulty in this study (as with most studies), however, it is an interesting study in that it is specific to one institution and one community system. Possible differences in costs are attributed in some degree to lower staff salaries; however, the author also suggests the possible effects of clear inequities in the funding systems, the diseconomy of scale in the institution and the disharmony of a dual service system.

Florida Department of Health and Rehabilitative Services (1981). Foster and group care rate study: Uniform rate structure. Tallahassee: Author.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | |
| | POLICY [] | INSTITUTION | [x] | COMMUNITY | [x] | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARIMENTS | [] |
| MENTALLY RETARDED | [x] DEVELOP. DIS [] | HOSPITAL | [] | SMALLEST: 4-7 | | SUPERVISED | [] |
| MENTAL HEALTH | [x] ELDERLY [] | INPATIENT | [] | LARGEST 16 | | SUPPORTED | [] |
| MULTI-HANDICAP | [] PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE | [] CHRONIC ILL [] | NURSING HOMES | [] | FOSTER CARE | [x] | OWN/FAMILY HOME | [] |
| SEVERELY HANDI. | [] DUAL DIAGNOSIS [] | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | OPERATORS: | |
| NATIONAL | [] | RURAL [] | CHILDREN | [x] | MEDICARE | [] | STATE FUNDS [] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN [] | ADULTS | [x] | MEDICAID | [] | COUNTY FUNDS [] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB [] | ELDERLY | [] | SUPP SEC | [] | CHARITY [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED [x] | ALL | [] | SOC SEC | [] | CHARGES [] | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) | [x] |
| RESIDENTIAL | [x] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | | |
| RENT | [x] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | maintenance | |
| FOOD | [x] | RESPITE | [] | TRANSPORTATION | [x] | EDUCATIONAL | [] | | |
| STAFF | [x] | TRAINING | [] | CASE MANAGER | [x] | DAY ACTIVITY | [] | | |
| RECREATION | [x] | STAFF | [] | ADMINISTRATION | [x] | ADAPTIVE EQUIP | [] | | |
| UTILITIES | [x] | PARENTS | [] | PERSONAL | [] | NURSING | [] | | |

COMMENTS: This study was conducted by the state to provide a basis for revision of its reimbursement rate for various types of foster homes and group homes serving a diverse population of adults and children, including those with developmental disabilities. This article gives little analysis and does not report the range of cost for a variety of settings. This study basically provides an overview of the state reimbursement for different types of care and for people with different levels of need. It reveals higher rates for facilities and lower rates for family care models.

Heal, L. W., & Laidlaw, T. J. (1980). Evaluation of residential alternatives. In A. R. Novak & L. W. Heal (Eds.), Integration of developmentally disabled individuals into the community (pp. 141-162). Baltimore, MD: Paul H. Brookes.

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [x] | | SETTINGS: | | COST COMPARISON [x] | | | | |
| | POLICY [] | | INSTITUTION | [x] | COMMUNITY | [x] | | | |
| POPULATION: | | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARIMENTS | [] | |
| MENTALLY RETARDED [] | DEVELOP. DIS | [x] | HOSPITAL | [] | SMALLEST: <10 | | SUPERVISED | [] | |
| MENTAL HEALTH [] | ELDERLY | [] | INPATIENT | [] | LARGEST 40 | | SUPPORTED | [] | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] | |
| MEDICALLY FRAGILE [] | CHRONIC ILL | [] | NURSING HOMES | [] | FOSTER CARE | [x] | OWN/FAMILY HOME | [] | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS | [] | | | | | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
| NATIONAL [x] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [] | STATE/PUBLIC | [x] |
| STATE [] | URBAN | [] | ADULTS | [] | MEDICAID | [] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN [] | MIXED | [x] | ALL | [x] | SOC SEC | [] | CHARGES | [] | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | OTHERS (LIST) | [] |
| RESIDENTIAL [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | | |
| RENT [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ | |
| FOOD [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | | |
| STAFF [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ | |
| RECREATION [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | | |
| UTILITIES [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ | |

COMMENTS: This study reports some national figures and then takes a more detailed look at a sub-sample of residential settings in 5 states (New York, Ohio, Wisconsin, Massachusetts, and Illinois). Residential alternatives are compared across six variables--normalization, social competence, satisfaction (resident), satisfaction (other), residential climate and cost. PASS (Program Analysis of Service Systems), an evaluation tool, is discussed as are skill measurement tests. Cost is presented in light of humanitarian concerns vs. only dollars. Meaningful discussion of how to determine residential costs is provided. Although the specific figures in this study are out-of-date, the conceptual analysis remains useful.

Intagliata, J. C., Willer, B., & Cooley, F. (1979). Cost comparison of institutional and community-based alternatives for mentally retarded persons. Mental Retardation, 17(3), 154-156.

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | | METHODOLOGY [] | | SETTINGS: | | COST COMPARISON [x] | | | |
| | | POLICY [] | | INSTITUTION | [x] | COMMUNITY | [x] | | |
| POPULATION: | | | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARTMENTS | [] |
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] |
| MENTAL HEALTH | [] | ELDERLY | [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | OPERATORS: |
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS [x] | STATE/PUBLIC [] |
| STATE | [x] | URBAN | [] | ADULTS | [] | MEDICAID | [] | COUNTY FUNDS [] | NON PROFIT PRIV [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [x] | CHARITY [] | PROFIT PRIV [] |
| FOREIGN | [] | MIXED | [x] | ALL | [x] | SOC SEC | [] | CHARGES [] | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | | OTHERS (LIST) [] |
| RESIDENTIAL | [x] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [x] | | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | | |
| STAFF | [x] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [x] | ADAPTIVE EQUIP | [] | | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [x] | NURSING | [] | | _____ |

COMMENTS: In this study of several types of services in New York State, costs were less for community settings (own home, group home, family care) than the institutional setting. Group home costs approached institutional costs while family care and own home costs were much lower. Figures for day programs were also compared, but the results were less clear cut.

Jones, P. A., Conroy, J., Feinstein, C., & Lemanowicz, J. (1984). A matched comparison study of cost-effectiveness: Institutionalized and deinstitutionalized people. Journal for The Association for People With Severe Handicaps, 9(4), 304-313.

COST STUDY [x] METHODOLOGY [x] POLICY []

SETTINGS:
INSTITUTION [x]
COMPARE UNITS []
HOSPITAL []
INPATIENT []
OUTPATIENT []
NURSING HOMES []

COST COMPARISON [x]
COMMUNITY [x]
GROUP HOMES [x]
SMALLEST: 3
LARGEST
ICF/MR []
FOSTER CARE []

APARIMENTS []
SUPERVISED []
SUPPORTED []
INDEPENDENT LIV []
OWN/FAMILY HOME []

POPULATION:
MENTALLY RETARDED [x]
MENTAL HEALTH []
MULTI-HANDICAP []
MEDICALLY FRAGILE []
SEVERELY HANDI. []
DEVELOP. DIS []
ELDERLY []
PHYSICAL HANDI. []
CHRONIC ILL []
DUAL DIAGNOSIS []

LOCATION:
NATIONAL []
STATE [x]
REGIONAL [x]
FOREIGN []
RURAL []
URBAN []
SUBURB []
MIXED [x]

AGE RANGE:
CHILDREN []
ADULTS [x]
ELDERLY []
ALL []

FUNDING SOURCES:
MEDICARE []
MEDICAID [x]
SUPP SEC [x]
SOC SEC [x]
M/A WAIVER []
STATE FUNDS []
COUNTY FUNDS []
CHARITY []
CHARGES []

OPERATORS:
STATE/PUBLIC []
NON PROFIT PRIV []
PROFIT PRIV []

COSTS ACCOUNTED FOR:
RESIDENTIAL [x]
RENT []
FOOD []
STAFF []
RECREATION []
UTILITIES []
MEDICAL [x]
CONSULTANTS []
RESPITE []
TRAINING []
STAFF []
PARENTS []
FAMILY SUBSIDY []
FAMILY SUPPORT []
TRANSPORTATION []
CASE MANAGER [x]
ADMINISTRATION []
PERSONAL []
DAY PROGRAM [x]
VOCATIONAL []
EDUCATIONAL []
DAY ACTIVITY []
ADAPTIVE EQUIP []
NURSING []
OTHERS (LIST) []

COMMENTS: This article offers important methodological and theoretical considerations in the context of a cost effectiveness study. In this study the cost of services and the developmental growth of a matched sample of 70 people in an institution and 70 people who moved into the community and compared. The community group required less public money than the institutionalized group. The financial burden shifted substantially from federal to state and local funding sources when people moved from the institution to the community. The authors point out that in light of the amount of federal funds being spent on residential services, the financing of institutions is an urgent policy issue. They list five difficulties in making valid cost comparisons: 1) various definitions of "community services," 2) failure to differentiate costs to whom, 3) institutional budgets are easier to study due to centralization, 4) different populations being served, and 5) different patterns of service, even for similar kinds of people. Data indicate that people who moved into community residences gained skills at a lower total cost in public dollars, although there is a commensurate shift in the cost away from the federal government and to the state.

Jones, P. P., & Jones, K. J. (1976, January). The measurement of community placement success and its associated cost (Long Term Care Services and Cost Implications for the Developmentally Disabled, HEW Contract OS-74-278, Interim Report Number Two). Florence Heller Graduate School, Brandeis University.

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | POLICY [] | INSTITUTION | [x] | COMMUNITY | [x] | | | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARTMENTS | [] | | |
| MENTALLY RETARDED | [] | DEVELOP. DIS | [x] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] |
| MENTAL HEALTH | [] | ELDERLY | [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | OPERATORS: | |
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS [x] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS [x] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [x] | CHARITY [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [x] | ALL | [x] | SOC SEC | [] | CHARGES [] | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
| RESIDENTIAL | [x] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [x] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [x] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This study tracks the "placement success" and associated cost of a sample of 24 people deinstitutionalized from a Massachusetts institution after January 1971. A detailed analysis of how services for people were funded is provided. However, the specific cost data is out-dated since Medicaid was not a factor in 1976. A cost savings for community placement over institutionalization is documented. The authors offer some fiscal projections and see the savings as specific only to the period of time which they studied. They see the cost gap closing with time. No connection was found between their operationalization of "successful placement" and either higher or lower costs.

Macro Systems, Inc. (1985, June). Synthesis of cost studies on the long term care of health-impaired elderly and other disabled persons final report: Volume I: Analysis of lessons to date, Volume II: Abstracts of reviewed studies. Department of Health and Human Services, Office of the Secretary.

COST STUDY [x] METHODOLOGY [x] SETTINGS: COST COMPARISON [x]
POLICY [] INSTITUTION [x] COMMUNITY []

| POPULATION: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [x] | COMPARE UNITS | [x] | GROUP HOMES | [] | APARIMENTS | [] |
| MENTAL HEALTH | [] | ELDERLY | [x] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [x] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [x] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [x] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [] | STATE/PUBLIC | [] |
| STATE | [] | URBAN | [] | ADULTS | [] | MEDICAID | [] | COUNTY FUNDS | [] | NON PROFIT PRIV | [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [x] | ALL | [x] | SOC SEC | [] | CHARGES | [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: Volume I examines the methodology of major cost studies undertaken to date. Discusses strength and limitation of various studies as well as a matrix showing the variables addressed in the studies. A very useful resource. Volume II provides a detailed examination of the 23 "best" empirical studies of the cost of long-term care. The reviews are very comprehensive and objective.

Michigan Department of Mental Health (1981, August). The cost of community placement. Lansing, MI: Author.

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | POLICY [] | INSTITUTION | [x] | COMMUNITY | [x] | | | | |
| POPULATION: | | | COMPARE UNITS [] | | GROUP HOMES [] | | APARIMENTS [] | | |
| MENTALLY RETARDED [x] | DEVELOP. DIS [] | HOSPITAL | [] | | SMALLEST: 4 | | SUPERVISED [] | | |
| MENTAL HEALTH [x] | ELDERLY [] | | INPATIENT [] | | LARGEST 20 | | SUPPORTED [] | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | | OUTPATIENT [] | | ICF/MR | [x] | INDEPENDENT LIV [] | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [] | | FOSTER CARE | [x] | OWN/FAMILY HOME [x] | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |
| LOCATION: | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | | OPERATORS: | |
| NATIONAL [] | RURAL [] | CHILDREN [] | | MEDICARE [] | | STATE FUNDS [] | | STATE/PUBLIC | [x] |
| STATE [x] | URBAN [] | ADULTS [] | | MEDICAID [x] | | COUNTY FUNDS [] | | NON PROFIT PRIV | [x] |
| REGIONAL [] | SUBURB [] | ELDERLY [] | | SUPP SEC [x] | | CHARITY [] | | PROFIT PRIV | [] |
| FOREIGN [] | MIXED [X] | ALL [x] | | SOC SEC [] | | CHARGES [] | | | |
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] | |
| RESIDENTIAL [x] | MEDICAL [] | FAMILY SUBSIDY [] | | DAY PROGRAM [x] | | | | | |
| RENT [] | CONSULTANTS [] | FAMILY SUPPORT [] | | VOCATIONAL [] | | | | _____ | |
| FOOD [] | RESPITE [] | TRANSPORTATION [x] | | EDUCATIONAL [] | | | | | |
| STAFF [x] | TRAINING [] | CASE MANAGER [] | | DAY ACTIVITY [] | | | | _____ | |
| RECREATION [] | STAFF [] | ADMINISTRATION [x] | | ADAPTIVE EQUIP [] | | | | | |
| UTILITIES [] | PARENTS [] | PERSONAL [] | | NURSING [] | | | | _____ | |

COMMENTS: This article reviews the costs for "mental health" and "mental retardation" institutions, community residences (small and large), and foster care, and found that community services costs on the average appear less than institutional. These results are important because data on the State of Michigan offers a look at costs in a system with a significant commitment to community services. This study supports the contention of advocates that as a residential system shifts from a dual system (institutional/community) to a community service system, community services become more cost effective.

Murphy, J. G., & Datel, W. E. (1976). A cost-benefit analysis of community versus institutional living. Hospital and Community Psychiatry, 27(3), 165-170.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [x] | SETTINGS: | | COST COMPARISON [] | | | | | |
| | POLICY [] | INSTITUTION | [x] | COMMUNITY | [x] | | | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARIMENTS | [] | | |
| MENTALLY RETARDED [x] | DEVELOP. DIS [] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] | | |
| MENTAL HEALTH [x] | ELDERLY [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [x] | FOSTER CARE | [x] | OWN/FAMILY HOME | [x] | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | | OPERATORS: | |
| NATIONAL [] | RURAL [] | CHILDREN [] | | MEDICARE [x] | | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE [x] | URBAN [] | ADULTS [x] | | MEDICAID [x] | | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL [] | SUBURB [] | ELDERLY [] | | SUPP SEC [x] | | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN [] | MIXED [x] | ALL [] | | SOC SEC [x] | | CHARGES | [x] | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] | |
| RESIDENTIAL | [x] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | | |
| RENT | [x] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ | |
| FOOD | [x] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [x] | | |
| STAFF | [x] | TRAINING | [] | CASE MANAGER | [x] | DAY ACTIVITY | [] | _____ | |
| RECREATION | [x] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | | |
| UTILITIES | [x] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ | |

COMMENTS: The Commonwealth of Virginia contracted with a consulting firm to develop a methodology for conducting a cost benefit analyses of institutional vs. community living. The methodology was used to project cost benefits over 10 years for 52 clients successfully placed in the community by the SID program. Results showed projected savings for each client of $20,800 over a 10-year period. Most of the savings were expected to be to the state budget rather than the federal budget due to the shift in the funding pattern.

New York State Commission on the Quality of Care for the Mentally Disabled (1982). Willowbrook: From institution to the community: A fiscal and programmatic review of selected community residences in New York City. Albany, NY: Author.

COST STUDY [] METHODOLOGY [] SETTINGS: COST COMPARISON [x]
POLICY [x]

| POPULATION: | | | | SETTINGS: | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [x] | INSTITUTION | [x] | COMMUNITY | [x] | | |
| MENTAL HEALTH | [] | ELDERLY | [] | COMPARE UNITS | [] | GROUP HOMES | [x] | APARTMENTS | [x] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | HOSPITAL | [] | SMALLEST: 6 | | SUPERVISED | [x] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | INPATIENT | [] | LARGEST 15 | | SUPPORTED | [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| | | | | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [x] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [x] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [] | ALL | [x] | SOC SEC | [] | CHARGES | [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [x] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This state-funded study of the closure of Willowbrook indicated that in general (1) community facilities (group homes) offer better care at a lower cost than large institutions; but (2) economics of scale are so significant that small, 3 "client" apartments for the "severely disabled" should be abandoned in favor of larger residences; (3) state run community residences are more expensive than those operated by the private sector. The cost figures from this and other New York State studies may surprise readers from states with less inflated economies.

Nihira, L. (1977). Current costs for care of developmentally disabled clients in community-based and institutional settings. Los Angeles, CA: University of California/Neuropsychiatric Institute Research Group, Pacific State Hospital.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | |
| | POLICY [] | INSTITUTION | [x] | COMMUNITY | [x] | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARIMENTS | [] |
| MENTALLY RETARDED [x] | DEVELOP. DIS [x] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] |
| MENTAL HEALTH [] | ELDERLY [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LOCATION: | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | OPERATORS: |
| NATIONAL [] | RURAL [] | CHILDREN [] | | MEDICARE [] | | STATE FUNDS [x] | STATE/PUBLIC [] |
| STATE [x] | URBAN [] | ADULTS [] | | MEDICAID [x] | | COUNTY FUNDS [x] | NON PROFIT PRIV [] |
| REGIONAL [] | SUBURB [] | ELDERLY [] | | SUPP SEC [x] | | CHARITY [] | PROFIT PRIV [] |
| FOREIGN [] | MIXED [x] | ALL [x] | | SOC SEC [x] | | CHARGES [] | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | OTHERS (LIST) [] |
| RESIDENTIAL | [x] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] |
| RENT | [x] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] |
| FOOD | [x] | RESPITE | [] | TRANSPORTATION | [x] | EDUCATIONAL | [] |
| STAFF | [x] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] |
| RECREATION | [x] | STAFF | [] | ADMINISTRATION | [x] | ADAPTIVE EQUIP | [] |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [x] | NURSING | [] |

COMMENTS: The purpose of this study was to analyze the costs for care, treatment and educational programs for persons labeled developmentally disabled in community-based and institutional settings in three states (Florida, Washington, and California). Although mean costs appeared much lower for community care vs. institutional care, when adjusted to include educational programs, special professional services, and services provided by generic agencies or third-party payors, the costs of community care approached those of institutional care. However, these conclusions may be suspect due to data limitations of the study. Nevertheless, this study is important because of the author's attempt at measuring all private and public resources devoted to community oriented care.

Nihira, L., Mayeda, T., & Eyman, R. (1979). Costs for care of matched developmentally disabled clients in three settings Los Angeles, California: University of California, Los Angeles, Neuropsychiatric Institute Research Group at Lanterman State Hospital.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | |
| | POLICY [] | INSTITUTION | [x] | COMMUNITY | [x] | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARIMENTS | [] |
| MENTALLY RETARDED [x] | DEVELOP. DIS [] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] |
| MENTAL HEALTH [] | ELDERLY [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LOCATION: | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | OPERATORS: |
| NATIONAL [] | RURAL [x] | CHILDREN | [x] | MEDICARE | [x] | STATE FUNDS [x] | STATE/PUBLIC [x] |
| STATE [x] | URBAN [x] | ADULTS | [x] | MEDICAID | [x] | COUNTY FUNDS [x] | NON PROFIT PRIV [x] |
| REGIONAL [] | SUBURB [] | ELDERLY | [] | SUPP SEC | [x] | CHARITY [] | PROFIT PRIV [] |
| FOREIGN [] | MIXED [] | ALL | [] | SOC SEC | [x] | CHARGES [] | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | OTHERS (LIST) [] |
| RESIDENTIAL | [x] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM [] | |
| RENT | [x] | CONSULTANTS | [] | FAMILY SUPPORT | [x] | VOCATIONAL [] | _____ |
| FOOD | [x] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL [] | |
| STAFF | [x] | TRAINING | [] | CASE MANAGER | [x] | DAY ACTIVITY [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [x] | ADAPTIVE EQUIP [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING [] | _____ |

COMMENTS: Although community care generally cost less than institutional care the accounting practices used by both made comparisons difficult. This study of costs and service utilization of comparable "clients" in institutional, biological and family care, or group home programs was an elaboration of another study by Nihira, Mayeda, & Wai (1977) which was just reviewed on the preceding page. The present study's purpose was to identify similarities and differences in costs and utilization of services for and treatment of comparable "clients," as well as to analyze any differences, to determine the actual or potential causes. Although accounting practices in the various settings make a full cost comparison impossible, care and training of institutionalized "clients" typically cost more than comparable persons in community settings.

O'Connor, G., & Morris, L. (1978). A research approach to cost analysis and program budgeting of community residential facilities. Rehabilitation Research and Training Center in Mental Retardation, University of Oregon, Eugene, Center Paper No. 111.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [] | SETTINGS: | COST COMPARISON [] | | | | |
| | POLICY [] | INSTITUTION [] | COMMUNITY [x] | | | | |
| POPULATION: | | COMPARE UNITS [] | GROUP HOMES [x] | APARIMENTS [] | | | |
| MENTALLY RETARDED [] | DEVELOP. DIS [x] | HOSPITAL [] | SMALLEST: 8 | SUPERVISED [] | | | |
| MENTAL HEALTH [] | ELDERLY [] | INPATIENT [] | LARGEST 32 | SUPPORTED [] | | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT [] | ICF/MR [] | INDEPENDENT LIV [] | | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES [] | FOSTER CARE [] | OWN/FAMILY HOME [] | | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | |
| LOCATION: | | AGE RANGE: | FUNDING SOURCES: | M/A WAIVER [] | OPERATORS: | | |
| NATIONAL [] | RURAL [] | CHILDREN [] | MEDICARE [] | STATE FUNDS [] | STATE/PUBLIC [] | | |
| STATE [x] | URBAN [] | ADULTS [] | MEDICAID [] | COUNTY FUNDS [] | NON PROFIT PRIV [x] | | |
| REGIONAL [] | SUBURB [] | ELDERLY [] | SUPP SEC [] | CHARITY [] | PROFIT PRIV [x] | | |
| FOREIGN [] | MIXED [x] | ALL [x] | SOC SEC [] | CHARGES [] | | | |
| COSTS ACCOUNTED FOR: | | | | | | | OTHERS (LIST) [x] |
| RESIDENTIAL [] | MEDICAL [x] | FAMILY SUBSIDY [] | DAY PROGRAM [] | | | | |
| RENT [x] | CONSULTANTS [] | FAMILY SUPPORT [] | VOCATIONAL [] | | | | maintenance |
| FOOD [x] | RESPITE [] | TRANSPORTATION [x] | EDUCATIONAL [] | | | | |
| STAFF [x] | TRAINING [x] | CASE MANAGER [] | DAY ACTIVITY [] | | | | |
| RECREATION [x] | STAFF [x] | ADMINISTRATION [x] | ADAPTIVE EQUIP [] | | | | |
| UTILITIES [x] | PARENTS [] | PERSONAL [] | NURSING [] | | | | |

COMMENTS: This early study reports fiscal data from 29 "community facilities" in four western states. A prime focus of this study was to devise and implement a uniform, comprehensive accounting system for use in community residential facilities. The system proposed attempts to be very thorough in account for operating cost (broken into programmatic and "generic" costs) and capital cost. Given the relatively large average size (25) of the setting studied and the age of the data, the cost reports tells the reader little about small homelike settings of today, although the accounting procedure could actually be used in many types of programs. The concern for comparable data expressed by the authors remains current a decade later.

Ruchlin, H., & Morris J. (1983, June). Pennsylvania's domiciliary care experiment: II. cost benefit implications. American Journal of Public Health, 73(b), 654-660.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | POLICY [] | INSTITUTION | [x] | COMMUNITY | [] | | | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARTMENTS | [] | | |
| MENTALLY RETARDED | [x] DEVELOP. DIS [] | HOSPITAL | [x] | SMALLEST:_____ | | SUPERVISED | [] | | |
| MENTAL HEALTH | [x] ELDERLY [x] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] | | |
| MULTI-HANDICAP | [] PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [x] | INDEPENDENT LIV | [] | | |
| MEDICALLY FRAGILE | [] CHRONIC ILL [] | NURSING HOMES | [x] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] | | |
| SEVERELY HANDI. | [] DUAL DIAGNOSIS [] | | | | | | | | |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [x] | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [] | ADULTS | [x] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [x] | SUPP SEC | [x] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [x] | ALL | [] | SOC SEC | [x] | CHARGES | [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [x] | RESPITE | [] | TRANSPORTATION | [x] | EDUCATIONAL | [] | |
| STAFF | [x] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [x] | _____ |

COMMENTS: This pilot program based on the substitution of "domicilary care" for traditional institutional care showed that cost savings were achieved by this program over institutional services for all subsamples except people already living in a community setting before this study was begun. In this study, "domicilary care" was defined as a protected situation in the community including room, board and personal services for individuals who could not live independently, yet who do not require 24 hour nursing or institutional care. It is difficult to determine whether "domicilary care" addresses group and/or individual living situations. The study does illustrate the cost comparisons with a number of useful tables.

Sheenan, D., & Atkinson, J. (1974). Comparative costs of state hospital and community-based inpatient care in Texas: Who benefits most? Hospital and Community Psychiatry, 25(4), 242-244.

COST STUDY [] METHODOLOGY [] POLICY []

POPULATION:

| | | | | | |
|---|---|---|---|---|---|
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [] | | |
| MENTAL HEALTH | [x] | ELDERLY | [] | | |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | | |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | | |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | |

SETTINGS:

| | | | | | |
|---|---|---|---|---|---|
| INSTITUTION | [x] | COST COMPARISON | [x] | | |
| COMPARE UNITS | [] | COMMUNITY | [] | | |
| HOSPITAL | [x] | GROUP HOMES | [] | APARIMENTS | [] |
| INPATIENT | [x] | SMALLEST:_____ | | SUPERVISED | [] |
| OUTPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| NURSING HOMES | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| | | FOSTER CARE | [] | OWN/FAMILY HOME | [] |

LOCATION:

| | | | |
|---|---|---|---|
| NATIONAL | [] | RURAL | [] |
| STATE | [x] | URBAN | [] |
| REGIONAL | [] | SUBURB | [] |
| FOREIGN | [] | MIXED | [x] |

AGE RANGE:

| | |
|---|---|
| CHILDREN | [] |
| ADULTS | [x] |
| ELDERLY | [] |
| ALL | [] |

FUNDING SOURCES:

| | |
|---|---|
| MEDICARE | [x] |
| MEDICAID | [x] |
| SUPP SEC | [] |
| SOC SEC | [] |

M/A WAIVER []

| | |
|---|---|
| STATE FUNDS | [x] |
| COUNTY FUNDS | [x] |
| CHARITY | [] |
| CHARGES | [] |

OPERATORS:

| | |
|---|---|
| STATE/PUBLIC | [x] |
| NON PROFIT PRIV | [x] |
| PROFIT PRIV | [] |

COSTS ACCOUNTED FOR:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] |

OTHERS (LIST)[]

_____

_____

_____

COMMENTS: The purpose of this study was to gain insight into the economics of community based "inpatient care" with state hospital backup vs. state hospital care alone. The authors conclude that the system of community-based care (with state hospital back-up) represents a savings for the state. However, it is unclear if any of the settings described are true "community" settings, since they are not clearly described and it appears that the so-called "community based inpatient care non state hospital back-up" is really a small institution. Also the mixing of mental retardation and mental health make interpretation difficult.

Sherwood, S., Greer, D. S., Morris, J. N., & Mor, V. and Associates (1981). An alternative for institutionalization: The Highland Heights Experiment. Cambridge, MA: Ballinger Publishing Company.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [] | SETTINGS: | COST COMPARISON [x] | | | | | | |
| | POLICY [] | INSTITUTION [x] | COMMUNITY [x] | | | | | | |
| POPULATION: | | COMPARE UNITS [] | GROUP HOMES [] | APARIMENTS [x] | | | | | |
| MENTALLY RETARDED [x] | DEVELOP. DIS [] | HOSPITAL [] | SMALLEST:_____ | SUPERVISED [x] | | | | | |
| MENTAL HEALTH [] | ELDERLY [x] | INPATIENT [] | LARGEST_____ | SUPPORTED [] | | | | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT [] | ICF/MR [] | INDEPENDENT LIV [] | | | | | |
| MEDICALLY FRAGILE [x] | CHRONIC ILL [] | NURSING HOMES [x] | FOSTER CARE [] | OWN/FAMILY HOME [] | | | | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | AGE RANGE: | FUNDING SOURCES: | M/A WAIVER [] | OPERATORS: | | | | |
| NATIONAL [] | RURAL [] | CHILDREN [] | MEDICARE [] | STATE FUNDS [] | STATE/PUBLIC [x] | | | | |
| STATE [x] | URBAN [x] | ADULTS [] | MEDICAID [] | COUNTY FUNDS [] | NON PROFIT PRIV [] | | | | |
| REGIONAL [] | SUBURB [x] | ELDERLY [x] | SUPP SEC [] | CHARITY [] | PROFIT PRIV [] | | | | |
| FOREIGN [] | MIXED [] | ALL [] | SOC SEC [] | CHARGES [] | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] | |
| RESIDENTIAL [x] | MEDICAL [x] | FAMILY SUBSIDY [] | DAY PROGRAM [] | | | | | | |
| RENT [x] | CONSULTANTS [] | FAMILY SUPPORT [] | VOCATIONAL [] | _____ | | | | | |
| FOOD [x] | RESPITE [] | TRANSPORTATION [] | EDUCATIONAL [] | | | | | | |
| STAFF [x] | TRAINING [] | CASE MANAGER [] | DAY ACTIVITY [] | _____ | | | | | |
| RECREATION [] | STAFF [] | ADMINISTRATION [] | ADAPTIVE EQUIP [] | | | | | | |
| UTILITIES [] | PARENTS [] | PERSONAL [] | NURSING [x] | _____ | | | | | |

COMMENTS: This study compares a mixed population group (60% over age 65 with significant medical problems) living in an experimental public housing apartment program (Highland Heights) which provides basic medical care and other supports with a control group not receiving these services. Findings indicate approximately $1,000 per person per year cost savings for the experimental group. Authors attribute this savings to the lower need for more expensive inpatient services in nursing homes and other institutional settings.

Templeman, D., Gage, M. A., & Fredericks, H. D. (1982). Cost effectiveness of the group home. Journal of The Association for the Severely Handicapped, 6(4), 11-16.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [] | SETTINGS: | COST COMPARISON [x] | | | | |
| | POLICY [] | INSTITUTION [x] | COMMUNITY [x] | | | | |
| POPULATION: | | COMPARE UNITS [] | GROUP HOMES [x] | APARTMENTS [] | | | |
| MENTALLY RETARDED [x] | DEVELOP. DIS [] | HOSPITAL [] | SMALLEST: 5 | SUPERVISED [] | | | |
| MENTAL HEALTH [] | ELDERLY [] | INPATIENT [] | LARGEST_____ | SUPPORTED [] | | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT [] | ICF/MR [] | INDEPENDENT LIV [] | | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES [] | FOSTER CARE [] | OWN/FAMILY HOME [x] | | | |
| SEVERELY HANDI. [x] | DUAL DIAGNOSIS [] | | | | | | |

| LOCATION: | | AGE RANGE: | FUNDING SOURCES: | M/A WAIVER [] | OPERATORS: |
|---|---|---|---|---|---|
| NATIONAL [] | RURAL [] | CHILDREN [x] | MEDICARE [] | STATE FUNDS [x] | STATE/PUBLIC [x] |
| STATE [x] | URBAN [] | ADULTS [] | MEDICAID [] | COUNTY FUNDS [] | NON PROFIT PRIV [x] |
| REGIONAL [] | SUBURB [x] | ELDERLY [] | SUPP SEC [] | CHARITY [] | PROFIT PRIV [] |
| FOREIGN [] | MIXED [] | ALL [] | SOC SEC [] | CHARGES [] | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This study tracks the cost of residential services for 21 children who temporarily resided in one of two 5 person group homes during a five year period (1974-79). These group homes were used as "transitional" placements to allow children to leave an institution pending return to their birth home or foster placement. The study found "solid evidence for the cost effectiveness of this model as compared to continued institutional placement." This study is of particular value in that it looked at costs over a five year time period, rather than a single point comparison, and because it compared institutional costs to the costs of individual settings rather than only group homes. The greatest weakness lies in its failure to provide a more fine-grained analysis of what contributes to total cost. It reports only average total monthly cost for the setting studied.

Touche Ross and Co. (1980). Cost study of the community-based mental retardation regions and the Beatrice State Developmental Center. Lincoln, NE: Nebraska Department of Public Institutions and Department of Public Welfare.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | | METHODOLOGY [] | | SETTINGS: | | COST COMPARISON [x] | | | |
| | | POLICY [] | | INSTITUTION | [x] | COMMUNITY | [x] | | |
| POPULATION: | | | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARIMENTS | [] |
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [] | HOSPITAL | [] | SMALLEST: 3-5 | | SUPERVISED | [] |
| MENTAL HEALTH | [] | ELDERLY | [] | INPATIENT | [] | LARGEST 6-10 | | SUPPORTED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
| NATIONAL | [] | RURAL | [x] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [x] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS | [x] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [] | ALL | [x] | SOC SEC | [] | CHARGES | [] | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) | [x] |
| RESIDENTIAL | [x] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [x] | | |
| RENT | [x] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [x] | maintenance | |
| FOOD | [x] | RESPITE | [] | TRANSPORTATION | [x] | EDUCATIONAL | [x] | | |
| STAFF | [x] | TRAINING | [x] | CASE MANAGER | [x] | DAY ACTIVITY | [x] | | |
| RECREATION | [] | STAFF | [x] | ADMINISTRATION | [x] | ADAPTIVE EQUIP | [x] | | |
| UTILITIES | [x] | PARENTS | [] | PERSONAL | [] | NURSING | [] | | |

COMMENTS: Study concluded that community-based services are less expensive than those offered to people residing at Beatrice State Developmental Center. Study also reviewed funding options and concluded that deinstitutionalization would not necessarily require significant increases in expenditures of state funds, but may require greater use of county funds. These specific implications may reflect the unique state/county funding pattern used in Nebraska. This study is unique in that it was conducted by an accountant firm rather than human services researchers.

Virginia, Department of Social and Rehabilitation Services (1975). Service integration for deinstitutionalization (SID) report of a three-year research and demonstration project. Richmond, VA: Author.

COST STUDY [] METHODOLOGY [] SETTINGS: COST COMPARISON [x]
POLICY []

| POPULATION: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [x] | DEVELOP. DIS | [] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] |
| MENTAL HEALTH | [x] | ELDERLY | [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [x] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [x] | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [] | ADULTS | [x] | MEDICAID | [x] | COUNTY FUNDS | [x] | NON PROFIT PRIV | [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [x] | ALL | [] | SOC SEC | [] | CHARGES | [] | | |

COSTS ACCOUNTED FOR:

| | | | | | | | | OTHERS (LIST) | [] |
|---|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ | |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ | |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ | |

COMMENTS: This study traces the cost of services for 52 clients over a ten year period. It indicates that state government saves more than federal by providing community based services and that it is cost beneficial to place and maintain "clients" in the community. The average net "savings" in the community was $20,800. Costs were defined by a number of broad categories including: community support services, client maintenance, service integration, deinstitutionalization, lost economic productivity, and community-related costs.

Wieck, C. A. (1981, September). Cost function analysis of Minnesota intermediate care facilities for the mentally retarded (ICF/MR) per diems. Policy Analysis Series issues related to Welsch v. Levine, Number 4. St. Paul: Minnesota Department of Energy, Planning and Development.

COST STUDY [x] METHODOLOGY [] POLICY [x]

SETTINGS:
INSTITUTION []
COMPARE UNITS []
HOSPITAL []
INPATIENT []
OUTPATIENT []
NURSING HOMES []

COST COMPARISON []
COMMUNITY []
GROUP HOMES []
SMALLEST: 1-6
LARGEST 65+
ICF/MR [x]
FOSTER CARE []

APARTMENTS []
SUPERVISED []
SUPPORTED []
INDEPENDENT LIV []
OWN/FAMILY HOME []

POPULATION:
MENTALLY RETARDED [x]
MENTAL HEALTH []
MULTI-HANDICAP []
MEDICALLY FRAGILE []
SEVERELY HANDI. []
DEVELOP. DIS []
ELDERLY []
PHYSICAL HANDI. []
CHRONIC ILL []
DUAL DIAGNOSIS []

LOCATION:
NATIONAL []
STATE [x]
REGIONAL []
FOREIGN []
RURAL [x]
URBAN [x]
SUBURB []
MIXED []

AGE RANGE:
CHILDREN []
ADULTS []
ELDERLY []
ALL [x]

FUNDING SOURCES:
MEDICARE []
MEDICAID [x]
SUPP SEC []
SOC SEC []

M/A WAIVER []
STATE FUNDS []
COUNTY FUNDS []
CHARITY []
CHARGES []

OPERATORS:
STATE/PUBLIC []
NON PROFIT PRIV [x]
PROFIT PRIV [x]

COSTS ACCOUNTED FOR:
RESIDENTIAL [x]
RENT []
FOOD []
STAFF []
RECREATION []
UTILITIES []
MEDICAL []
CONSULTANTS []
RESPITE []
TRAINING []
STAFF []
PARENTS []
FAMILY SUBSIDY []
FAMILY SUPPORT []
TRANSPORTATION []
CASE MANAGER []
ADMINISTRATION []
PERSONAL []
DAY PROGRAM []
VOCATIONAL []
EDUCATIONAL []
DAY ACTIVITY []
ADAPTIVE EQUIP []
NURSING []

OTHERS (LIST) []
_____
_____
_____

COMMENTS: This study never reaches a direct conclusion on cost and comparison with state facilities never attempted. The author states that community costs may equal state hospital costs when day and support services are added. The study looks more at where money is spent (community service budgets are more likely to be spent in the local community) and at what the money is spent on. The findings are supportive of community services as an economically responsible option.

Wieck, C. A., & Bruininks, R. H. (1980). The cost of public and community residential care for mentally retarded people in the United States. Minneapolis: University of Minnesota, Department of Psychoeducational Studies.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [x] | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | POLICY [x] | INSTITUTION | [x] | COMMUNITY | [x] | | | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARIMENTS | [] | | |
| MENTALLY RETARDED [x] | DEVELOP. DIS [] | HOSPITAL | [] | SMALLEST: 1 | | SUPERVISED | [] | | |
| MENTAL HEALTH [] | ELDERLY [] | INPATIENT | [] | LARGEST 500+ | | SUPPORTED | [] | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LOCATION: | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | OPERATORS: |
| NATIONAL [x] | RURAL [] | CHILDREN [] | | MEDICARE [x] | | STATE FUNDS [x] | STATE/PUBLIC [x] |
| STATE [] | URBAN [] | ADULTS [] | | MEDICAID [x] | | COUNTY FUNDS [x] | NON PROFIT PRIV [x] |
| REGIONAL [] | SUBURB [] | ELDERLY [] | | SUPP SEC [x] | | CHARITY [x] | PROFIT PRIV [x] |
| FOREIGN [] | MIXED [x] | ALL [x] | | SOC SEC [x] | | CHARGES [] | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | OTHERS (LIST) [x] |
| RESIDENTIAL [x] | MEDICAL [] | FAMILY SUBSIDY [] | | DAY PROGRAM [] | | | |
| RENT [x] | CONSULTANTS [] | FAMILY SUPPORT [] | | VOCATIONAL [] | | | equipment |
| FOOD [] | RESPITE [] | TRANSPORTATION [] | | EDUCATIONAL [] | | | |
| STAFF [x] | TRAINING [] | CASE MANAGER [] | | DAY ACTIVITY [] | | | |
| RECREATION [] | STAFF [] | ADMINISTRATION [] | | ADAPTIVE EQUIP [] | | | |
| UTILITIES [x] | PARENTS [] | PERSONAL [] | | NURSING [] | | | |

COMMENTS: This study concludes that there is no clear finding on cost comparison of institutions and community services; however, many of the "community" programs were as large if not larger than the institutions. This study provides an excellent literature review and summary of earlier research into the cost of community-based services. The authors also provide a methodological analysis of the issues in cost research that is excellent.

# ADDITIONAL RESOURCE RELATED TO ECONOMIC RESEARCH ON SERVICES FOR PEOPLE WITH MENTAL RETARDATION

Allen, C. (1984). Mental retardation consent degree costs for the five major state schools Boston: Massachusetts Department of Mental Health.

The title of this report is an apt summary.

Bachrach, L. (1976). Deinstitutionalization: An analytical review and sociological perspective. Series D, Number 4: National Institute of Mental Health.

A case is made that total social costs of deinstitutionalization may be more than institutionalization because of hidden costs (e.g., police, courts, family agencies). No real cost are compared but rather general discussion of issues relating to deinstitutionalization. No discussion is offered regarding social benefits of deinstitutionalization which aree attached to these social costs.

Castellani, P. (1987). The political economy of developmental disabilities. Baltimore: Brookes.

This book is an attempt by the author to examine what he sees as the new political and economic climate created by a community-based system of services for people with developmental disabilties. This is not strictly speaking as economic (i.e., cost) study but rather an examination of public policy with an emphasis of the reciprocal relationship of economics and politics. The central topics include the impact of recent history on services, the economics of community service (e.g., who pays? what do they pay for? how do they pay?), the question of eligibility for services, the organization of services, the issue of local control, and the author's view of the future.

Caiden, N. (1976, September). Collection of data on public expenditure for care of the mentally disabled. (An exploratory review for ABA Commission on the Mentally Disabled). Washington, DC: Division of Public Services Activities, American Bar Association.

This paper represents a brief and preliminary survey to ascertain the national and state data collection on costs for "mental health", "mental retardation" and community vs. institutional services. Rather general data is presented and the author talks of the paucity of data in this area. The paper is primarily composed of appendices showing various cost data.

Comptroller General of the United States (1977). Summary of a report--returning the mentally disabled to the community: Government needs to do more. Washington, DC: Department of Health, Education, and Welfare, U. S. General Accounting Office.

Persons labeled mentally disabled should be served in the community, yet many people have been released from institutions before sufficient community facilities and services were available and without adequate planning and follow up. Recommendations are made to Congress on how to remedy this issue.

Conley, W. (1973). The economics of mental retardation. Baltimore: Johns Hopkins University Press.

Chapter VI, "Benefit cost analysis" in Conley's book addresses how to use benefit-cost analysis. He identifies the various components of benefit costs analysis in a readable fashion and show how this concept applies to the field of mental retardation. He offers a definition of benefit-cost analysis, which stresses the well-being of the individual. He also offers three types of benefit-cost comparison and six conclusions about conducting this type of research.

Cook, W. R. (1983). Economics of providing services to the mentally retarded. Mental Retardation and Learning Disability Bulletin, 11(1), 13-21.

Data for this study are based on cost figures for 1979-80 in the Canadian province of Ontario. Costs for community services are shown to be much less then institutional services, and the author suggests that institutional services should be considered as the last resort. Community services include prevention, infant services, group residences, etc. Data is rough and the data collection method is not discussed in detail. In some cases, the author reports community costs of 1/20th that of institutional costs.

Felce, D., Mansell, J., & Kushlick, A. (1980, September). Evaluation of alternative residential facilities for the severely mentally handicapped in Wessex: Revenue costs. Advances in Behavior Research and Therapy, 3(1), 43-47.

This study was conducted in England and so the term "hospital" is used to refer to traditional institutional settings for people with mental retardation. The costs of small locally based hospital units (21-26 people) for "severely mentally handicapped people" were compared with those of traditional mental handicap hospitals. Costs in the locally based hospital units were comparable to those in the large settings. The authors conclude that it is possible to provide quality residential care in local settings without exceeding the range of expenditures expected in large institutional settings.

Fitzgerald, I. M. (1983, May/June). The cost of community residential care for mentally retarded persons. Programs for the Handicapped, No. 3.

This article is a summary of other cost studies (e.g., national, states, independent). Overall the article indicates that community residential care is not more expensive than institutional care. A good summary of a number of articles/reports is given.

Gross, A. M. (1977). The use of cost effectiveness analysis in deciding on alternative living environments for the retarded. In P. Mittler (Ed.), Research and intervention in mental retardation: Care and intervention, Vol. 1 (pp. 427-433). Baltimore: University Park Press.

This chapter discusses the distinction between cost-benefit analysis and cost effectiveness as means for making decisions related to public policy and/or personal placement. Cost effectiveness is offered as the more viable approach. The author outlines the necessary components in a good cost effectiveness analysis. He then offers an example of the application of this model to a hypothetical instance of a decision regarding the appropriate residential placement for an individual.

Hauber, F. A., Bruininks, R. H., Hill, B. K., Lakin, K. C., Sheerenberger, R. C., & White, C. C. (1984). National census of residential facilities: A 1982 profile of facilities and residents. American Journal of Mental Deficiency, 89, 236-245.

This study was a national census of all state licensed residential facilities for persons with mental retardation. Various information is presented (e.g., type, location, size, reimbursement rate, type of operator). Average per day reimbursement indicates that larger group services are consistently more expensive.

Health Care Financing Administration (1981). Long-term care: Background and future directions. U. S. Department of Health and Human Services.

Long-term care is carefully examined. The authors conclude that although such care in the community may cost less per individual, the fact that more people would use it would greatly up the total cost. Policy implications can be drawn from this paper although further study is needed. This is one of several studies that raise the issue of lower individual costs, but greater system costs.

Health Care Financing Administration (1985, March 13). Medicaid program, home and community-based services: Final rules. Federal Register, 50(49), 10013-10021.

This promulgates the final rules governing state applications for home and community-based service waivers. It is "must" reading for anyone truly interested in this program, as gaps exist between the published rules and common practice.

Lakin, K. C., Bruininks, R. H., Doth, D., Hill, B., & Hauber, F. (1982). Source book on long-term care for developmentally disabled people. Minneapolis: University of Minnesota, Department of Educational Psychology.

This volume provides a basic point of reference for anyone interested in studying residential services for people with developmental disabilities in the United States. It provides graphic snap shots (the basic information is all presented in 50 clear graphs and charts) of the changing residential service system through 1980. In that regard it offers a bench mark for all subsequent research. The volume has 4 interrelated sections: 1) trends in the provision of residential care, 2) characteristics of people living in residential facilities, 3) characteristics of programs and services, and 4) movement of people into, out of, and with the residential service system.

Lakin, K. C., Hill, B., & Bruininks, R. (1985). An analysis of Medicaid's intermediate care facility for the mentally retarded (ICF/MR) program. Minneapolis: University of Minnesota, Department of Educational Psychology.

This voluminous study provides a detailed overview of the ICF/MR program and its effect upon residential services to people with mental retardation. A detailed history of the program which places it within the context of the overall system of residential services is given. The authors then provide an indepth analysis of the current status of the service system with special emphasis on the role of Medicaid and the development of the ICF program. The Medicaid waiver program and the type of services it has underwritten is also discussed. The final section explores the cost of residential services by first giving detailed descriptive data on the cost of facilities and then reporting an exploratory cost-function analysis of these facilities. The state in which a facility is located, the case mix (percentage of more severely disabled people) and several facility characteristics (public ownership, ICF certification, corporate ownership, group residence) were

found associated with higher cost. The final chapter reviews state reimbursement policies for private ICFs, with particular focus on the six states which represent the bulk of ICF residents.

Loach, F. R. (1983). A response to "Economics of providing services to the mentally retarded" by W. R. Cook, Mental Retardation and Learning Disability Bulletin, 11(1), 22-23.

A response to Cook's article "Economics of funding services to the 'mentally retarded'". He states that the term "institution" is not adequately defined; the needs and characteristics of clients were not adequately addressed; there is a failure to appreciate the differing cost items between government and community services, between larger & smaller services, etc. He leaves open the question of using institutions for a small sector of people with mental retardation.

Neenan, W. B. (1973, March). Benefit-cost analysis and the evaluation of mental retardation programs. Working Paper 705-93, The Urban Institute, Washington, DC.

This paper has three parts: (1) a description of benefit cost analysis; (2) a review of how it can be used to evaluate human investment (especially "mental retardation" programs); and (3) a concluding critique of the benefit cost technique.

Taylor, S. J., Brown, K., McCord, W., Giambetti, A., Searl, S., Mlinarcik, S., Atkinson, T., & Lichter, S. (1981) Title XIX and deinstitutionalization: The issue for the 80s. Syracuse, NY: Center on Human Policy.

This report examines the conflict that exists bewteen the movement toward community-based integrated services for people with developmental disabilities and the use of Title XIX Medicaid funds as the primary vehicle for financing services. The history of the ICF/MR program is reviewed. The role which it has played in perpetuating institutions is discussed. The findings of federal monitoring of ICF/MR instititutions are examined. The use of ICF funds in the community and its tendency to foster mini-institutions is critiqued. In the conclusion, a number of recommendations are made to redirect the ICF program toward fostering integrated community services.

Taylor, S. J., McCord, W., & Searl, S. (1981). Medicaid dollars and community homes: The community ICF/MR controversy. Journal of The Association for the Severely Handicapped, 6(3), 59-64.

This article examines the controversy surrounding the use of Medicaid ICF/MR funds to support community programs for people with developmental disabilities. After a brief introduction, the article provides an overview of the history of the ICF/MR program and describes how this program has encouraged states to invest resources in institutions. The article next moves to a consideration of the pros and cons of using ICF/MR funds for community residential settings. In the conclusion, the authors offer a series of recommendations for funding community settings through the ICF/MR program.

Yates, B. T. (1977). A cost-effectiveness analysis of a residential treatment program for behaviorally disturbed children. In D. Mittler (Ed.), Research to practice in mental retardation: Care and intervention, Vol. 1 (pp. 435-445). Baltimore, University Park Press.

This chapter offers a model of cost effectiveness analysis as a way of evaluating residential programs. The model is based on using the answers to 3 questions: 1) How effective is the program? 2) How much does it cost? and 3) How cost effective is it? To provide the necessary data for evaluation, two implementations of the model (a) on the macro level for inter-program comparison and (b) on the micro level for intra-program evaluation is offered. While the suggestions contained here are intriguing it is not at all clear what outcome measure could be used to effectively implement this approach in community settings?

# ECONOMIC STUDIES OF SERVICES FOR OTHER POPULATIONS

Arkansas Office on Aging (1981). The in-home option: An evaluation of non-institutional services for older Arkansasans. Little Rock: Arkansas Department of Human Services.

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | | METHODOLOGY [] | | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | | POLICY [] | | INSTITUTION | [] | COMMUNITY | [] | | | | |
| POPULATION: | | | | COMPARE UNITS | [] | GROUP HOMES | [] | APARTMENTS | [] | | |
| MENTALLY RETARDED | [] | DEVELOP. DIS | [] | HOSPITAL | [] | SMALLEST_____ | | SUPERVISED | [] | | |
| MENTAL HEALTH | [] | ELDERLY | [x] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] | | |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [x] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] | | |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [x] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] | | |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | | | |
| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [x] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [x] | ALL | [] | SOC SEC | [] | FEE FOR SERV | [] | | |
| COSTS ACCOUNTED FOR: | | | | | | | | | | OTHERS (LIST) | [x] |
| RESIDENTIAL | [] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | | | | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | | | legal | |
| FOOD | [x] | RESPITE | [] | TRANSPORTATION | [x] | EDUCATIONAL | [] | | | | |
| STAFF | [x] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | | | chore | |
| RECREATION | [x] | STAFF | [] | ADMINISTRATION | [x] | ADAPTIVE EQUIP | [x] | | | | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [x] | | | personal care | |

COMMENTS: Study shows that the cost of in-home services ($329.67/month) are considerably less expensive than in a skilled nursing facility ($891.50) or an intermediate care facility ($860.13). The authors conclude that in-home services are a benefit to the person in that they help reduce functional deterioration. They point out that a simple cost analysis is inadequate without an exploration of benefits as well.

Berkeley Planning Associates. (1984). Evaluation of coordinated community-oriented long-term care demonstration projects. Berkeley, CA: Author.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | POLICY [] | INSTITUTION | [] | COMMUNITY | [] | | | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [] | APARTMENTS | [] | | |
| MENTALLY RETARDED | [] | DEVELOP. DIS | [] | HOSPITAL | [x] | SMALLEST_____ | | SUPERVISED | [] |
| MENTAL HEALTH | [x] | ELDERLY | [x] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [x] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [x] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [x] | STATE FUNDS | [] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [x] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [x] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [] | ALL | [] | SOC SEC | [] | FEE FOR SERV | [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [x] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [x] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This is the summary report for the Health Care Financing Administration of the findings of a study of five "waiver" programs for older persons allowing home care services. It represents the best comparable evidence to date on cost implications of community based care for the "frail elderly." The results do not indicate that community-based services are less expensive. The authors indicate that this can at least be partially attributed to the fact that the expanded system of services were more expensive in the short-run because they were not exclusively targeted on those people who are at risk of institutionalization. In other words, more people are being served so there is an increase in total cost.

Birnbaum, D., Burke, R., Sweringer, C., & Dunlop, B. (1984). Implementing community-based long-term care: Experience of New York's long-term home health care program. Gerontologist, 24, 380-386.

COST STUDY [] METHODOLOGY [] SETTINGS: COST COMPARISON []
POLICY [x] INSTITUTION [] COMMUNITY []

| POPULATION: | | | | COMPARE UNITS | | GROUP HOMES | | APARTMENTS | |
|---|---|---|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [] | DEVELOP. DIS | [] | HOSPITAL | [] | SMALLEST_____ | | SUPERVISED | [] |
| MENTAL HEALTH | [] | ELDERLY | [x] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [x] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [x] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [x] | STATE FUNDS | [] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [] | ADULTS | [x] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [x] | ALL | [] | SOC SEC | [] | FEE FOR SERV | [] | | |

COSTS ACCOUNTED FOR:

| | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: New York's Long Term Home Health Care Program (LTHHCP) (nursing home without walls) is examined. This paper summarizes the case study portion of an evaluation of New York's LTHHCP and describes implementation experiences of the initial nine LTHHCP's. New York's model can be duplicated elsewhere, but it is too early to say if LTHHCP leads to cost savings.

Butts, D. M. (1979). Selected health care programs for the aged in northwest Arkansas as an alternative to institutionalization: A cost-effectiveness evaluation. University of Arkansas Dissertation Abstracts International, 40(3), 1600-A.; Ann Arbor, MI: University Microfilms.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | POLICY [] | INSTITUTION | [] | COMMUNITY | [] | | | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [] | APARIMENTS | [] | | |
| MENTALLY RETARDED [] | DEVELOP. DIS [] | HOSPITAL | [] | SMALLEST_____ | | SUPERVISED | [] | | |
| MENTAL HEALTH [] | ELDERLY [x] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [x] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |
| LOCATION: | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [x] | | OPERATORS: | |
| NATIONAL [] | RURAL [] | CHILDREN | [] | MEDICARE | [x] | STATE FUNDS | [] | STATE/PUBLIC | [] |
| STATE [x] | URBAN [] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [] |
| REGIONAL [] | SUBURB [] | ELDERLY | [x] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN [] | MIXED [x] | ALL | [] | SOC SEC | [] | FEE FOR SERV | [] | | |
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST)[] | |
| RESIDENTIAL [] | MEDICAL [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | | | | |
| RENT [] | CONSULTANTS [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ | | | |
| FOOD [] | RESPITE [] | TRANSPORTATION | [] | EDUCATIONAL | [] | | | | |
| STAFF [] | TRAINING [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ | | | |
| RECREATION [] | STAFF [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | | | | |
| UTILITIES [] | PARENTS [] | PERSONAL | [] | NURSING | [] | _____ | | | |

COMMENTS: The purpose of this study was to construct a model that would be useful in conducting a cost-effectiveness evaluation of in-home community based health care programs. The services of the model are deemed to have merit if institutionalization of persons who are elderly is reduced. The findings indicate that the service standard here has potential to meet this criterion for cost effectiveness, however, a number of cautionary notes are given.



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Cassell, W., Smith, C., Grunberg, F., Boan, J, & Thomas, R. (1972). Comparing costs of hospital and community care. Hospital and Community Psychiatry, 23(7), 17-20.

| | | | | | |
|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | |
| | POLICY [] | INSTITUTION | [x] | COMMUNITY | [x] |

| POPULATION: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | COMPARE UNITS | [] | GROUP HOMES | [] | APARIMENTS | [] |
| MENTALLY RETARDED | [] | DEVELOP. DIS | [] | HOSPITAL | [] | SMALLEST_____ | | SUPERVISED | [] |
| MENTAL HEALTH | [x] | ELDERLY | [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [] | STATE/PUBLIC | [x] |
| STATE | [] | URBAN | [] | ADULTS | [x] | MEDICAID | [] | COUNTY FUNDS | [] | NON PROFIT PRIV | [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [x] | MIXED | [x] | ALL | [] | SOC SEC | [] | FEE FOR SERV | [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) | [] |
|---|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ | |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ | |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ | |

COMMENTS: The costs of maintaining "chronic psychiatric patients" in the community as compared with institutionalization in mental hospitals was studied. Overall costs were less in the community than in an institution with a caveat on the difficulty of comparing costs between the two settings.

Fenton, F. R., Tessier, L., Contandriopoulos, A., Nguyen, H., & Struening, E. L. (1982). A comparative trial of home and hospital psychiatric treatment: Financial costs. Canadian Journal of Psychiatry, 27(3), 177-187.

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [] | SETTINGS: | COST COMPARISON [x] | | | | | | |
| | POLICY [] | INSTITUTION [] | COMMUNITY [] | | | | | | |
| POPULATION: | | COMPARE UNITS [] | GROUP HOMES [] | APARIMENTS [] | | | | | |
| MENTALLY RETARDED [] | DEVELOP. DIS [] | HOSPITAL [x] | SMALLEST:_____ | SUPERVISED [] | | | | | |
| MENTAL HEALTH [x] | ELDERLY [] | INPATIENT [x] | LARGEST_____ | SUPPORTED [] | | | | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT [x] | ICF/MR [] | INDEPENDENT LIV [] | | | | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES [] | FOSTER CARE [] | OWN/FAMILY HOME [] | | | | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |

| LOCATION: | | AGE RANGE: | FUNDING SOURCES: | M/A WAIVER [] | OPERATORS: |
|---|---|---|---|---|---|
| NATIONAL [] | RURAL [] | CHILDREN [] | MEDICARE [] | STATE FUNDS [] | STATE/PUBLIC [] |
| STATE [] | URBAN [] | ADULTS [x] | MEDICAID [] | COUNTY FUNDS [] | NON PROFIT PRIV [] |
| REGIONAL [] | SUBURB [] | ELDERLY [] | SUPP SEC [] | CHARITY [] | PROFIT PRIV [] |
| FOREIGN [x] | MIXED [x] | ALL [] | SOC SEC [] | CHARGES [] | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST)[] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL [] | MEDICAL [] | FAMILY SUBSIDY [] | DAY PROGRAM [] | | | | | |
| RENT [] | CONSULTANTS [] | FAMILY SUPPORT [] | VOCATIONAL [] | _____ | | | | |
| FOOD [] | RESPITE [] | TRANSPORTATION [] | EDUCATIONAL [] | | | | | |
| STAFF [] | TRAINING [] | CASE MANAGER [] | DAY ACTIVITY[] | _____ | | | | |
| RECREATION [] | STAFF [] | ADMINISTRATION [] | ADAPTIVE EQUIP [] | | | | | |
| UTILITIES [] | PARENTS [] | PERSONAL [] | NURSING [] | _____ | | | | |

COMMENTS: The financial costs of a community based treatment program, stressing in-home treatment, were compared with the cost of hospital based treatment for one year. Home based treatment was found to be less expensive.

Fenton, F. R., Tessler, L., Struening, E. L., Smith, F., Benoit, C., Contandriopoulous, A., & Nguyen, H. (1984). A two-year follow-up of a comparative trail of the cost-effectiveness of home and hospital psychiatric treatment. Canadian Journal of Psychiatry, 29(3), 205-211.

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|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | |
| | POLICY [] | INSTITUTION | [] | COMMUNITY | [] | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [] | APARIMENTS | [] |
| MENTALLY RETARDED [] | DEVELOP. DIS [] | HOSPITAL | [x] | SMALLEST:_____ | | SUPERVISED | [] |
| MENTAL HEALTH [x] | ELDERLY [] | INPATIENT | [x] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT | [x] | ICF/MR | [] | INDEPENDENT LIV | [] |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [] |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | |

| LOCATION: | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|
| NATIONAL [] | RURAL [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS [] | STATE/PUBLIC | [] |
| STATE [] | URBAN [] | ADULTS | [x] | MEDICAID | [] | COUNTY FUNDS [] | NON PROFIT PRIV | [] |
| REGIONAL [] | SUBURB [] | ELDERLY | [] | SUPP SEC | [] | CHARITY [] | PROFIT PRIV | [] |
| FOREIGN [x] | MIXED [x] | ALL | [] | SOC SEC | [] | CHARGES [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This is a follow up of an earlier study which compared the financial costs of community based treatment with the cost of hospital based treatment. Home based treatment costs continue to be less, as in the earlier study (Fenton et al., 1982).

Hellinger, F. J. (1977). Substitutability among different types of care under Medicare. Health Services Research, 12(1), 11-18.

COST STUDY [] METHODOLOGY [] SETTINGS: COST COMPARISON [x]
POLICY [] INSTITUTION [] COMMUNITY [ ]

POPULATION:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | COMPARE UNITS [] | GROUP HOMES [] | APARIMENTS [] | | |
| MENTALLY RETARDED [] | DEVELOP. DIS [] | HOSPITAL [x] | SMALLEST:_____ | SUPERVISED [] | | | |
| MENTAL HEALTH [] | ELDERLY [x] | INPATIENT [x] | LARGEST_____ | SUPPORTED [] | | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT [x] | ICF/MR [] | INDEPENDENT LIV [] | | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES [x] | FOSTER CARE [] | OWN/FAMILY HOME [x] | | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | |

| LOCATION: | | AGE RANGE: | FUNDING SOURCES: | M/A WAIVER [] | OPERATORS: |
|---|---|---|---|---|---|
| NATIONAL [x] | RURAL [] | CHILDREN [] | MEDICARE [x] | STATE FUNDS [] | STATE/PUBLIC [] |
| STATE [] | URBAN [] | ADULTS [] | MEDICAID [] | COUNTY FUNDS [] | NON PROFIT PRIV [] |
| REGIONAL [] | SUBURB [] | ELDERLY [x] | SUPP SEC [] | CHARITY [] | PROFIT PRIV [] |
| FOREIGN [] | MIXED [] | ALL [] | SOC SEC [] | CHARGES [x] | |

COSTS ACCOUNTED FOR:

| | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|
| RESIDENTIAL [] | MEDICAL [] | FAMILY SUBSIDY [] | DAY PROGRAM [] | | |
| RENT [] | CONSULTANTS [] | FAMILY SUPPORT [] | VOCATIONAL [] | | |
| FOOD [] | RESPITE [] | TRANSPORTATION [] | EDUCATIONAL [] | | |
| STAFF [] | TRAINING [] | CASE MANAGER [] | DAY ACTIVITY [] | | |
| RECREATION [] | STAFF [] | ADMINISTRATION [] | ADAPTIVE EQUIP [] | | |
| UTILITIES [] | PARENTS [] | PERSONAL [] | NURSING [] | | |

COMMENTS: This study examined the question of whether Medicare coverage of outpatient services, nursing home care, and home health care reduced the use of short-term hospitals by Medicare beneficiaries and whether this reduced hospital use saved the Medicare program money. Greater total Medicare expenditure was found to be the case.

Kemper, P., et al. (1986). The evaluation of the national long-term care demonstration: Final report, executive summary. Plainsboro, NJ: Mathematica Policy Research, Inc.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | METHODOLOGY [] | SETTINGS: | COST COMPARISON [] | | | | | | |
| | POLICY [] | INSTITUTION [] | COMMUNITY [] | | | | | | |
| POPULATION: | | COMPARE UNITS [] | GROUP HOMES [] | APARTMENTS [] | | | | | |
| MENTALLY RETARDED [] | DEVELOP. DIS [] | HOSPITAL [] | SMALLEST:_____ | SUPERVISED [] | | | | | |
| MENTAL HEALTH [] | ELDERLY [x] | INPATIENT [] | LARGEST_____ | SUPPORTED [] | | | | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT [] | ICF/MR [] | INDEPENDENT LIV [] | | | | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES [] | FOSTER CARE [] | OWN/FAMILY HOME [] | | | | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |

| LOCATION: | | AGE RANGE: | FUNDING SOURCES: | M/A WAIVER [] | OPERATORS: |
|---|---|---|---|---|---|
| NATIONAL [x] | RURAL [] | CHILDREN [] | MEDICARE [x] | STATE FUNDS [] | STATE/PUBLIC [] |
| STATE [] | URBAN [] | ADULTS [] | MEDICAID [x] | COUNTY FUNDS [] | NON PROFIT PRIV [] |
| REGIONAL [] | SUBURB [] | ELDERLY [x] | SUPP SEC [x] | CHARITY [] | PROFIT PRIV [] |
| FOREIGN [] | MIXED [x] | ALL [] | SOC SEC [x] | CHARGES [] | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This report summarizes the results of a six year study conducted in 10 states of the effect of two models of systematic case management (called "channeling") on the rate of nursing home placement and cost of services for a sample of 6,326 frail elderly individuals. Essentially the findings were that a) case management had a positive effect on the lives of people but b) shows no signficant decrease in costs or rate of institutionalization. The author suggests that in the end they supply data for an informal policy decision on the benefit of case management even if it does not result in a positive fiscal outcome.

Piasecki, J. R. (1981). The cost of community residential services. In R. Budson (Ed.), New directions for mental health services: Issues in community residential care, No. 11 (pp. 91-103). San Francisco: Jossey-Bass.

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [x] | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | POLICY [] | INSTITUTION | [] | COMMUNITY | [x] | | | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARTMENTS | [x] | | |
| MENTALLY RETARDED [] | DEVELOP. DIS [] | HOSPITAL | [] | SMALLEST: x | | SUPERVISED | [x] | | |
| MENTAL HEALTH [x] | ELDERLY [] | INPATIENT | [] | LARGEST x | | SUPPORTED | [] | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [x] | INDEPENDENT LIV | [] | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [x] | FOSTER CARE | [x] | OWN/FAMILY HOME | [] | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
| NATIONAL [x] | RURAL [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [] | STATE/PUBLIC | [] |
| STATE [] | URBAN [] | ADULTS | [] | MEDICAID | [] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL [x] | SUBURB [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN [] | MIXED [x] | ALL | [x] | SOC SEC | [] | CHARGES | [] | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This study looks at startup and operating costs for mental health community residential services. Some methodological questions are addressed regarding startup costs. It is pointed out that when costs are low providers usually feel that they need more money to operate the service appropriately.

Piasecki, J. R., Pittinger, J. E., & Rutman, I. D. (1978). Determining the costs of community residential services for the psychologically disabled. Washington, DC: U. S. Department of Health and Human Services, (ADM) 77-504, NIMH, Series B, No. 13.

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|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | POLICY [] | INSTITUTION | [] | COMMUNITY | [x] | | | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [x] | APARIMENTS | [x] | | |
| MENTALLY RETARDED [] | DEVELOP. DIS [] | HOSPITAL | [] | SMALLEST: x | | SUPERVISED | [x] | | |
| MENTAL HEALTH [x] | ELDERLY [] | INPATIENT | [] | LARGEST x | | SUPPORTED | [] | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [x] | FOSTER CARE | [x] | OWN/FAMILY HOME | [] | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |

| LOCATION: | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [x] | RURAL [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [] | STATE/PUBLIC | [x] |
| STATE | [] | URBAN [] | ADULTS | [] | MEDICAID | [] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL | [x] | SUBURB [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED [x] | ALL | [x] | SOC SEC | [] | CHARGES | [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ |

COMMENTS: This study presents an overview of operating and startup costs; general costs of residential services for five disability groups within the Mental Health category; and the overall economics of residential facilities. There are many tables with the text that illustrate various cost variables.

Pollack, W., & Hilferty, J. (1973). Costs of alternative care settings for the elderly. Washington, DC: Urban Institute (Working Paper No. 963-11)

COST STUDY [x] METHODOLOGY [] POLICY []

SETTINGS: INSTITUTION [] COMPARE UNITS [] HOSPITAL [] INPATIENT [] OUTPATIENT [] NURSING HOMES [x]

COST COMPARISON [] COMMUNITY [] GROUP HOMES [] SMALLEST:_____ LARGEST_____ ICF/MR [] FOSTER CARE [x]

APARTMENTS [] SUPERVISED [] SUPPORTED [] INDEPENDENT LIV [] OWN/FAMILY HOME [x]

POPULATION:
MENTALLY RETARDED [] DEVELOP. DIS [] MENTAL HEALTH [] ELDERLY [x] MULTI-HANDICAP [] PHYSICAL HANDI. [] MEDICALLY FRAGILE [] CHRONIC ILL [] SEVERELY HANDI. [] DUAL DIAGNOSIS []

LOCATION:
NATIONAL [] STATE [x] REGIONAL [] FOREIGN [] RURAL [x] URBAN [x] SUBURB [] MIXED []

AGE RANGE:
CHILDREN [] ADULTS [] ELDERLY [x] ALL []

FUNDING SOURCES:
MEDICARE [] MEDICAID [] SUPP SEC [] SOC SEC [] M/A WAIVER [] STATE FUNDS [] COUNTY FUNDS [] CHARITY [] CHARGES []

OPERATORS:
STATE/PUBLIC [] NON PROFIT PRIV [] PROFIT PRIV []

COSTS ACCOUNTED FOR:
RESIDENTIAL [x] RENT [x] FOOD [x] STAFF [x] RECREATION [x] UTILITIES [x]
MEDICAL [x] CONSULTANTS [] RESPITE [] TRAINING [] STAFF [] PARENTS []
FAMILY SUBSIDY [] FAMILY SUPPORT [x] TRANSPORTATION [x] CASE MANAGER [] ADMINISTRATION [] PERSONAL []
DAY PROGRAM [] VOCATIONAL [] EDUCATIONAL [] DAY ACTIVITY [] ADAPTIVE EQUIP [] NURSING []

OTHERS (LIST) []
_____
_____
_____

COMMENTS: This paper looks at the total social cost of providing care to the "aged" rather than focusing solely on governmental or other public costs. Social cost depends on family status, functional level, & quality of care provided. Case studies illustrate the costs for home care, foster care, and nursing homes designated as intermediate care facilities (ICFs).

Quinn, L. (1982, February). Triage II: Coordinated delivery of services to the elderly; Final report, Vol. II, The triage experimental and comparison groups - a four year study; Vol. III; The triage cohort group - a five year study; Vol. IV; Executive summary. Wethersfield, CT: Triage, Inc.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | POLICY [x] | INSTITUTION | [] | COMMUNITY | [] | | | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [] | APARIMENTS | [] | | |
| MENTALLY RETARDED [] | DEVELOP. DIS [] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] | | |
| MENTAL HEALTH [] | ELDERLY [x] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [x] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [x] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL [] | RURAL | [] | | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [] | STATE/PUBLIC | [] |
| STATE [x] | URBAN | [] | | ADULTS | [] | MEDICAID | [] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL [] | SUBURB | [] | | ELDERLY | [x] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN [] | MIXED | [] | | ALL | [] | SOC SEC | [] | CHARGES | [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [x] | VOCATIONAL | [] | _____ |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [x] | _____ |

COMMENTS: Results do not show that home care will be so effective in preventing institutionalization that it will pay for itself. Additional cost of home care delivered to a larger population result in greater overall public financial expenditures.

Sager, R. (1979). Learning the home care needs of the elderly: Patient, family, and professional views of an alternative to institutionalization, final report. Waltham, MA: Brandeis University.

COST STUDY [ ] METHODOLOGY [x] POLICY [ ]

SETTINGS: COST COMPARISON [x]

| POPULATION: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [ ] | DEVELOP. DIS | [ ] | INSTITUTION | [ ] | COMMUNITY | [ ] | | |
| MENTAL HEALTH | [ ] | ELDERLY | [x] | COMPARE UNITS | [ ] | GROUP HOMES | [ ] | APARTMENTS | [ ] |
| MULTI-HANDICAP | [ ] | PHYSICAL HANDI. | [ ] | HOSPITAL | [ ] | SMALLEST:_____ | | SUPERVISED | [ ] |
| MEDICALLY FRAGILE | [ ] | CHRONIC ILL | [ ] | INPATIENT | [ ] | LARGEST_____ | | SUPPORTED | [ ] |
| SEVERELY HANDI. | [ ] | DUAL DIAGNOSIS | [ ] | OUTPATIENT | [ ] | ICF/MR | [ ] | INDEPENDENT LIV | [ ] |
| | | | | NURSING HOMES | [x] | FOSTER CARE | [ ] | OWN/FAMILY HOME | [x] |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [ ] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [ ] | RURAL | [ ] | CHILDREN | [ ] | MEDICARE | [ ] | STATE FUNDS | [ ] | STATE/PUBLIC | [ ] |
| STATE | [x] | URBAN | [ ] | ADULTS | [ ] | MEDICAID | [x] | COUNTY FUNDS | [ ] | NON PROFIT PRIV | [x] |
| REGIONAL | [ ] | SUBURB | [ ] | ELDERLY | [x] | SUPP SEC | [ ] | CHARITY | [ ] | PROFIT PRIV | [ ] |
| FOREIGN | [ ] | MIXED | [x] | ALL | [ ] | SOC SEC | [ ] | CHARGES | [ ] | | |

COSTS ACCOUNTED FOR:

| | | | | | | | | OTHERS (LIST) [ ] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [ ] | MEDICAL | [ ] | FAMILY SUBSIDY | [ ] | DAY PROGRAM | [ ] | |
| RENT | [ ] | CONSULTANTS | [ ] | FAMILY SUPPORT | [ ] | VOCATIONAL | [ ] | _____ |
| FOOD | [ ] | RESPITE | [ ] | TRANSPORTATION | [ ] | EDUCATIONAL | [ ] | |
| STAFF | [ ] | TRAINING | [ ] | CASE MANAGER | [ ] | DAY ACTIVITY | [ ] | _____ |
| RECREATION | [ ] | STAFF | [ ] | ADMINISTRATION | [ ] | ADAPTIVE EQUIP | [ ] | |
| UTILITIES | [ ] | PARENTS | [ ] | PERSONAL | [ ] | NURSING | [ ] | _____ |

COMMENTS: The study concludes that the average cost of institutional care was lower than the cost for home care, although home would be cheaper for some individuals. It should be noted that the home-care costs are estimated based on the implementation of a hypothetical treatment plan devised by professionals for people identified for this study during an outpatient stay in a hospital.



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Skellie, A., Favor, F., Tuder, C., & Strauss, R. (1982). Alternative health services project: Final report. Atlanta, GA: Georgia Department of Medical Assistance.

COST STUDY [] METHODOLOGY [] POLICY []

POPULATION:
MENTALLY RETARDED [] DEVELOP. DIS [] ELDERLY [x] PHYSICAL HANDI. [] CHRONIC ILL [] DUAL DIAGNOSIS []
MENTAL HEALTH [] MULTI-HANDICAP [] MEDICALLY FRAGILE [] SEVERELY HANDI. []

SETTINGS:
INSTITUTION [] COMPARE UNITS []
HOSPITAL [] INPATIENT [] OUTPATIENT []
NURSING HOMES [x]

COST COMPARISON [x]
COMMUNITY []
GROUP HOMES [] SMALLEST:_____ LARGEST_____ ICF/MR [] FOSTER CARE [x]
APARIMENTS [] SUPERVISED [] SUPPORTED [] INDEPENDENT LIV [] OWN/FAMILY HOME [x]

LOCATION:
NATIONAL [] STATE [x] REGIONAL [] FOREIGN []
RURAL [x] URBAN [x] SUBURB [] MIXED []

AGE RANGE:
CHILDREN [] ADULTS [] ELDERLY [x] ALL []

FUNDING SOURCES:
MEDICARE [x] MEDICAID [x] SUPP SEC [] SOC SEC [x]
M/A WAIVER [] STATE FUNDS [] COUNTY FUNDS [] CHARITY [] CHARGES []

OPERATORS:
STATE/PUBLIC [x] NON PROFIT PRIV [x] PROFIT PRIV []

COSTS ACCOUNTED FOR:
RESIDENTIAL [] RENT [] FOOD [] STAFF [] RECREATION [] UTILITIES []
MEDICAL [x] CONSULTANTS [] RESPITE [] TRAINING [] STAFF [] PARENTS []
FAMILY SUBSIDY [] FAMILY SUPPORT [] TRANSPORTATION [] CASE MANAGER [] ADMINISTRATION [] PERSONAL []
DAY PROGRAM [] VOCATIONAL [] EDUCATIONAL [] DAY ACTIVITY [] ADAPTIVE EQUIP [] NURSING [x]
OTHERS (LIST) []
_____
_____
_____

COMMENTS: This study was intended to test the cost effectiveness of a comprehensive system of community-based longer-term care service for elderly Medicaid recipients. The authors conclude that community-based services may not significantly impact the total public cost because (a) there was not a marked reduction in nursing home inpatients drugs; (b) total public finance services expanded; and (c) cost to families, frends, community groups, and the local government was not figured in estimates.

Skellie, A., Mobley, G., & Coen, E. (1982, April). Cost-effectiveness of community-based long-term care: Current findings of Georgia's alternative health services project. American Journal of Public Health, 72(4), 353-358.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | METHODOLOGY [] | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | POLICY [x] | INSTITUTION | [] | COMMUNITY | [x] | | | | |
| POPULATION: | | COMPARE UNITS | [] | GROUP HOMES | [] | APARIMENTS | [] | | |
| MENTALLY RETARDED [] | DEVELOP. DIS [] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] | | |
| MENTAL HEALTH [] | ELDERLY [x] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] | | |
| MULTI-HANDICAP [] | PHYSICAL HANDI. [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [] | | |
| MEDICALLY FRAGILE [] | CHRONIC ILL [] | NURSING HOMES | [x] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] | | |
| SEVERELY HANDI. [] | DUAL DIAGNOSIS [] | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| LOCATION: | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | | OPERATORS: | |
| NATIONAL [] | RURAL [x] | CHILDREN | [] | MEDICARE | [x] | STATE FUNDS | [] | STATE/PUBLIC | [x] |
| STATE [x] | URBAN [x] | ADULTS | [] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL [] | SUBURB [] | ELDERLY | [x] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN [] | MIXED [] | ALL | [] | SOC SEC | [] | CHARGES | [] | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [] | |
| RESIDENTIAL | [] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | _____ | |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [] | DAY ACTIVITY | [] | _____ | |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [] | _____ | |

COMMENTS: This study measured the cost effectiveness of community based long term care with voluntary enrollees eligible for Medicaid reimbursed nursing home care. The study results indicated that community based services targeted to those most at risk of institutionalization may be cost effective; however, Medicaid plus Medicare costs may be higher for community-based services because of higher use by the community based group.

Solen, R., Garrick, M., Nelson, H., Cadweller, M., & Rocker, M. (1979). Community-based care systems for the functionally disabled: A project in independent living. Olympia: State of Washington, Department of Social and Health Services.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | | METHODOLOGY [] | | SETTINGS: | | COST COMPARISON [x] | | | |
| | | POLICY [] | | INSTITUTION | [] | COMMUNITY | [x] | | |
| POPULATION: | | | | COMPARE UNITS | [] | GROUP HOMES | [] | APARIMENTS | [] |
| MENTALLY RETARDED | [] | DEVELOP. DIS | [x] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] |
| MENTAL HEALTH | [] | ELDERLY | [x] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [x] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [x] |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [x] | NURSING HOMES | [x] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER [] | | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [x] | STATE FUNDS | [] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [] | ADULTS | [x] | MEDICAID | [x] | COUNTY FUNDS | [] | NON PROFIT PRIV | [x] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [x] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [x] | ALL | [] | SOC SEC | [] | CHARGES | [] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [x] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [x] | |
| RENT | [] | CONSULTANTS | [] | FAMILY SUPPORT | [x] | VOCATIONAL | [] | food stamps |
| FOOD | [] | RESPITE | [] | TRANSPORTATION | [x] | EDUCATIONAL | [] | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [x] | DAY ACTIVITY | [] | housework/chores |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [x] | ADAPTIVE EQUIP | [] | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [x] | _____ |

COMMENTS: This study attempts to examine the cost of implicating a community based service program for Medicaid-eligible people who were seen at high risk of institutionalization. Most of the people in the sample were elderly, but the target population was mixed. The study involved three counties in the State of Washington, two of which had "model demonstration programs." Because of the increased availability of services in the target counties, public expenditures increased. However, the decreased use of more expensive facility-based services lead the authors to conclude that community services are much more cost effective. The confounding variable introduced by the increase in the service demand placed on the experimental counties makes a clean interpretation of the results of this study difficult. This presents a problem that continues to plague economic research a decade later. "Is our goal to spend less money, or to get more value for money spent?"

Taylor, S. J. (1987). A policy analysis of the Supported Housing Demonstration Project, Pittsburgh, Pennsylvania. Syracuse, NY: Center on Human Policy.

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [x] | | METHODOLOGY [] | | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | | POLICY [] | | INSTITUTION | [x] | COMMUNITY | [x] | | | | |
| POPULATION: | | | | COMPARE UNITS | [] | GROUP HOMES | [] | APARTMENTS | [] | | |
| MENTALLY RETARDED | [] | DEVELOP. DIS | [] | HOSPITAL | [] | SMALLEST:_____ | | SUPERVISED | [] | | |
| MENTAL HEALTH | [] | ELDERLY | [] | INPATIENT | [] | LARGEST_____ | | SUPPORTED | [] | | |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [x] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [x] | | |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [x] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] | | |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | | | |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [x] | STATE FUNDS | [x] | STATE/PUBLIC | [] |
| STATE | [] | URBAN | [x] | ADULTS | [x] | MEDICAID | [x] | COUNTY FUNDS | [x] | NON PROFIT PRIV | [x] |
| REGIONAL | [x] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [x] | CHARITY | [x] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [] | ALL | [] | SOC SEC | [x] | CHARGES | [x] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) [x] |
|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [x] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [] | |
| RENT | [x] | CONSULTANTS | [] | FAMILY SUPPORT | [] | VOCATIONAL | [] | start-up cost |
| FOOD | [x] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [] | |
| STAFF | [x] | TRAINING | [] | CASE MANAGER | [x] | DAY ACTIVITY | [] | attendant |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [x] | ADAPTIVE EQUIP | [x] | |
| UTILITIES | [x] | PARENTS | [] | PERSONAL | [x] | NURSING | [] | _____ |

COMMENTS: This report examines a model demonstration project that provides support services for people with physical disabilities. The first section reports how the program developed and how it is perceived by the people who it supports. Subsequent sections provide a detailed examination of fiscal relevant to this project. Sources of cost and funding are outlined in detail. Problems inherent in the fiscal structure of this program are underscored by comparison with the funding of group homes in Pennsylvania. In conclusion, the cost of this approach to support services in contract with the cost of the institution from which most of the residents moved. Regardless of method of comparison, the support living project is shown to be cost effective. A number of recommendtaions to provide an economical stable grounding for this program are given.

Weisbrod, B. A. (1983). A guide to benefit-cost analysis, as seen through a controlled experiment in treating the mentally ill. Journal of Health Politics, Policy, and Law, 7(4), 808-45.

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| COST STUDY [] | | METHODOLOGY [] | | SETTINGS: | | COST COMPARISON [x] | | | | | |
| | | POLICY [] | | INSTITUTION | [] | COMMUNITY | [x] | | | | |
| POPULATION: | | | | COMPARE UNITS | [] | GROUP HOMES | [] | APARIMENTS | [] | | |
| MENTALLY RETARDED | [] | DEVELOP. DIS | [] | HOSPITAL | [x] | SMALLEST:_____ | | SUPERVISED | [] | | |
| MENTAL HEALTH | [x] | ELDERLY | [] | INPATIENT | [x] | LARGEST_____ | | SUPPORTED | [] | | |
| MULTI-HANDICAP | [] | PHYSICAL HANDI. | [] | OUTPATIENT | [] | ICF/MR | [] | INDEPENDENT LIV | [x] | | |
| MEDICALLY FRAGILE | [] | CHRONIC ILL | [] | NURSING HOMES | [] | FOSTER CARE | [] | OWN/FAMILY HOME | [x] | | |
| SEVERELY HANDI. | [] | DUAL DIAGNOSIS | [] | | | | | | | | |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [] | RURAL | [] | CHILDREN | [] | MEDICARE | [] | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [x] | ADULTS | [x] | MEDICAID | [] | COUNTY FUNDS | [x] | NON PROFIT PRIV | [] |
| REGIONAL | [] | SUBURB | [] | ELDERLY | [] | SUPP SEC | [] | CHARITY | [] | PROFIT PRIV | [] |
| FOREIGN | [] | MIXED | [] | ALL | [] | SOC SEC | [] | CHARGES | [x] | | |

| COSTS ACCOUNTED FOR: | | | | | | | | OTHERS (LIST) | [x] |
|---|---|---|---|---|---|---|---|---|---|
| RESIDENTIAL | [x] | MEDICAL | [x] | FAMILY SUBSIDY | [] | DAY PROGRAM | [x] | | |
| RENT | [x] | CONSULTANTS | [] | FAMILY SUPPORT | [x] | VOCATIONAL | [x] | law enforcement | |
| FOOD | [x] | RESPITE | [] | TRANSPORTATION | [] | EDUCATIONAL | [x] | | |
| STAFF | [] | TRAINING | [] | CASE MANAGER | [x] | DAY ACTIVITY | [x] | _____ | |
| RECREATION | [] | STAFF | [] | ADMINISTRATION | [] | ADAPTIVE EQUIP | [] | | |
| UTILITIES | [] | PARENTS | [] | PERSONAL | [] | NURSING | [x] | _____ | |

COMMENTS: This article shows that hospitalization of people labeled mentally ill is, except for emergency situations, less effective than community-based treatment of approximately equal cost. Benefit cost analysis is also highlighted in this article. Also, this study attempts to account for costs other than only the finanical cost of services.

Weisbrod, B. A., Test, M. A., & Stein, L. I. (1980). Alternative to mental hospital treatment: II. Economic benefit--cost analysis. Archives of General Psychiatry, 37(4), 400-405.

COST STUDY [ ] METHODOLOGY [x] POLICY [ ]

SETTINGS: COST COMPARISON [x]

| POPULATION: | | | | INSTITUTION | [ ] | COMMUNITY | [x] | | |
|---|---|---|---|---|---|---|---|---|---|
| MENTALLY RETARDED | [ ] | DEVELOP. DIS | [ ] | COMPARE UNITS | [ ] | GROUP HOMES | [ ] | APARTMENTS | [ ] |
| MENTAL HEALTH | [x] | ELDERLY | [ ] | HOSPITAL | [x] | SMALLEST:_____ | | SUPERVISED | [ ] |
| MULTI-HANDICAP | [ ] | PHYSICAL HANDI. | [ ] | INPATIENT | [x] | LARGEST_____ | | SUPPORTED | [ ] |
| MEDICALLY FRAGILE | [ ] | CHRONIC ILL | [ ] | OUTPATIENT | [ ] | ICF/MR | [ ] | INDEPENDENT LIV | [x] |
| SEVERELY HANDI. | [ ] | DUAL DIAGNOSIS | [ ] | NURSING HOMES | [ ] | FOSTER CARE | [ ] | OWN/FAMILY HOME | [x] |

| LOCATION: | | | | AGE RANGE: | | FUNDING SOURCES: | | M/A WAIVER | [ ] | OPERATORS: | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL | [ ] | RURAL | [ ] | CHILDREN | [ ] | MEDICARE | [ ] | STATE FUNDS | [x] | STATE/PUBLIC | [x] |
| STATE | [x] | URBAN | [x] | ADULTS | [x] | MEDICAID | [ ] | COUNTY FUNDS | [x] | NON PROFIT PRIV | [ ] |
| REGIONAL | [ ] | SUBURB | [ ] | ELDERLY | [ ] | SUPP SEC | [ ] | CHARITY | [ ] | PROFIT PRIV | [ ] |
| FOREIGN | [ ] | MIXED | [ ] | ALL | [ ] | SOC SEC | [ ] | CHARGES | [x] | | |

COSTS ACCOUNTED FOR:

| RESIDENTIAL | [x] | MEDICAL | [x] | FAMILY SUBSIDY | [ ] | DAY PROGRAM | [x] | OTHERS (LIST) | [x] |
|---|---|---|---|---|---|---|---|---|---|
| RENT | [x] | CONSULTANTS | [ ] | FAMILY SUPPORT | [x] | VOCATIONAL | [x] | law enforcement | |
| FOOD | [x] | RESPITE | [ ] | TRANSPORTATION | [ ] | EDUCATIONAL | [x] | | |
| STAFF | [ ] | TRAINING | [ ] | CASE MANAGER | [x] | DAY ACTIVITY | [x] | _____ | |
| RECREATION | [ ] | STAFF | [ ] | ADMINISTRATION | [ ] | ADAPTIVE EQUIP | [ ] | | |
| UTILITIES | [ ] | PARENTS | [ ] | PERSONAL | [ ] | NURSING | [x] | _____ | |

COMMENTS: An approach to cost-benefit analysis which considers the full range of cost and benefit in an analytic, not a merely mechanistic manner is offered as an aid in making decisions regarding modes of treatment. In the example used, a community-based program was found to cost more than institutional services but there was an even greater increase in total benefits to "patients" in the community-based program.

# ADDITIONAL RESOURCES RELATED TO ECONOMIC RESEARCH ON SERVICES FOR OTHER POPULATION

Avorn, J. (1984, May). Benefit and cost analysis in geriatric care, turning age discrimination into health policy. The New England Journal of Medicine, 310(20), 1294-1301.

An interesting article describing how cost and benefit analysis approaches have been applied to service for persons who are older. The author addresses some of the values inherent in these approaches and consequent negative effects on citizens who are older, as well as policy implications.

Birnbaum, H., Bishop, C., Lee, A. J., & Jensen, G. (1981). Why do nursing home costs vary? The determinants of nursing home costs. Medical Care, 19(11), 1095-1107.

This article investigates the determinants of nursing home operating costs and reviews the results of eleven related econometric cost analyses. Analyses indicate that facility size and occupancy rate are minimally important in determining cost variation, while type and ownership are. Non-profit facilities had higher costs than profit facilities.

Buchanan, R. J. (1983). Medicaid cost containment: Prospective reimbursement for long-term care. Inquiry, 20(4), 334-342.

This study analyzes the impact of prospective rate setting by state programs on Medicaid payment and utilization rates for long-term care. From 1975 to 1982 the use of prospective reimbursement was associated with lower Medicaid payments for long-term care without adversely affecting care.

Chappel, N. L., & Penning, M. J. (1979). The trend away from institutionalization: Humanism or economic efficiency. Winnipeg, Manitoba, Canada: Research on Aging, 1(3),361-387.

This paper presents the results of an empirical assessment of different living environments (community and senior citizens' subsidized housing and care institutions) for the overall well being of the "elderly." Community and seniors' subsidized housing findings reveal they are similar but each different from the institution. No dollar figures given.

Comptroller General of the United States (1982). The elderly should benefit from expanded home health care but increasing these services will not ensure cost reductions. Washington, DC: U. S. General Accounting Office.

The title of this report is an apt summary.

Comptroller General of the United States (1979). Entering a nursing home--costly implications for Medicaid and the elderly. Washington, DC: U. S. General Accounting Office.

This report addresses the misuse of nursing home placements and how many individuals could remain in their own homes or communities if long-term health and social services were available to them. Recommendations are made to Congress on how to reduce avoidable nursing home use.

Comptroller General of the United States (1977). Home health: The need for a national policy to better provide for the elderly. Washington, DC: U. S. General Accounting Office.

Home services are compared to institutional services and found to be less expensive. The value of services provided by family and friends is carefully weighed as a success factor for keeping people at home. The authors suggest that jobs could be created by hiring people to care for

elderly persons at home, and that a national policy should be developed on the delivery on home health care services.

Dranove, D. (1985). An empirical study of a hospital-based home care program. Inquiry, 22(1), 59-66.

The medical process at two California hospitals were compared, one with and one without a home nursing department. Home nursing reduced both the length of hospital stays and the number of follow-up visits; however, the program did not significantly reduce overall hospital expenditures.

Frank, R. (1981). Cost-benefit analysis in mental health services: A review of the literature. Administration in Mental Health, 8(3), 161-176.

Cost-benefit analysis is carefully examined and its use discussed for the field of helath and mental health. As a tool in human services it has limited use because of the difficulty in measuring all the various costs.

Greene, V. (1983). Substitution between formally and informally provided care for the impaired elderly. Medical Care, 21, 609-619.

This article assesses how much formally provided comprehensive care tends to substitute for informal care provided by friends and family for impaired elderly persons living in the community. Policy implications of this are discussed.

Harrington, C., & Swan, J. (1984). Medicaid nursing home reimbursement policies, rates and expenditures. Health Care Financing Review, 6(1), 39-47.

This study examined state reimbursement policies in the Medicaid program and their effects on state nursing home reimbursement rates and expenditure patterns.

Haug, M. (1985). Home care for the ill elderly--Who benefits? American Journal of Public Health, 75(2), 127-128.

The article states that although home care services for the "ill elderly" are marginally more cost-effective then nursing home services, the cost of family care givers has not been tallied, and the federal government should set policy to compensate families for their efforts.

Jarrett, J. E. (1982). The relationship of cost variation, prospective rate setting and quality of care in nursing homes: A hedonic examination. Review of Business and Economic Research, 17(2), 67-77.

This paper examines whether one aspect of the services performed by long-term care institutions (nursing homes) is associated with government regulatioon of economic activity in that industry.

Lave, J. R. (1985). Cost containment policies in long-term care. Inquiry, 22, 7-23.

The impact of public policy on long term care for persons labeled elderly is explored. Findings indicate that family support may not be less expensive and will be harder to administer.

Palmer, H. C., & Cotterill, P. (1983). Studies of nursing home costs In R. Vogel & H. Palmer (Eds.), Long-term care (pp. 665-722). Washington, DC: Health Care Financing Administration.

Nursing home cost studies, based on single equation cost functions, are discussed. Also discussed are facility, "patient" and reimbursement characteristics, which are important costs determinants in nursing homes.

Rice, D., & Waldman, S. (1976). Issues in designing a national program of long-term care benefits. Medicare Care, 14(5), 99-107.

The title appropriately describes what this article is about. Long term care is viewed as being in the middle ground between health care and income maintenance. Two proposals introduced to Congress are discussed.

Scanlon, W., Difederico, E., & Stassen, M. (1979, February). Long term care: Current experience and a framework for analysis. Washington, DC: Urban Institute.

This report contains two papers: "Public programs and nursing home use" and "A framework for analysis of the long-term care system." The report indicates that all the necessary components of a long-term care system now exist, but in a rather informal and loose manner. The report recommends that this informal system needs to be formalized and cost studies done of each component.

Sharfstein, S., Taube, C., & Goldbert, L. (1977, January). Problems in analyzing the comparative costs of private vs. public psychiatric care. American Journal of Psychiatry, 134, 1073-82.

This article outlines the difficulties in attempting to compare the costs in various mental health ("MH") settings, especially private practice and community "MH" centers. Factors making cost comparison difficult are the populations served, different treatments, and different economic incentives operating in each setting.

Sorenson, J. E., & Grove, H. O. (1978). Using cost-outcome and cost effectiveness analyses for impact program management and accountability. In C. C. Altkisson, W. A. Hargreares, M. J. Horowitz, a& J. E. Sorensen (Eds.), Evaluation of human service programs, (pp. 371-410). New York: Academic Press.

This chapter offers a fairly detailed model of cost effectiveness analysis as an evaluation tool for achieving increased accountability and improvised program management in human servicess. To provide a framework for a system which focuses on cost andd outcomes of programs, the authors begin by highlighting the deficiencies of methods which use 1) social indicators, 2) program planning and budgeting systems or 3) cost-benefit analyses as measures of program cost efficiency. Cost-outcome assessment is proposed as the key to building viable cost effectiveness analyses for program evaluation. A conceptual discussion of cost and outcome are illustrated by detailed examples and illustrative decision making drawn from mental health. While a potentially useful article the question of "outcome" in residential services for people who need on-going supports is never adequately addressed.

Swearinger, C., Schwartz, R., & Fisher, J. (1978). A methodology for finding, classifying, and comparing costs for services in long-term care settings. Cambridge, MA: Abt Associates, Inc.

This report outlines and reports on the field test of a methodology for cost funding and "patient" classification in various long term care settings. The purpose is to provide uniform data for comparison of service utilization and cost by patient characteristics and to allow comparison across a range of long term care alternatives. The method has 3 elements: 1) a patient profile system based on functional status, medical risk, and mental orientation; 2) a standardized system of service classification; and 3) a cost-finding system. A patient profile instrument is provided, the element of service and cost determination in procedures are outlined. An hourly rate per service is derived which provides the basis for subsequent analysis and comparisons. While the authors highlight the utility of this method in many long-term care settings. in their conclusion they point out that an additional set of service definitions must be developed for it to be used effectively in residential setting for people with mental retardation.

Waldo, D. R., & Lazenby, H. C. (1984). Demographic characteristics and health care use and expenditures by the aged in the United States: 1977-1984. Health Care Financing Review, 6(1), 1-29.

Loads of graphs/charts in this article that show the funding sources and actual expenditure of dollars for services (Tables 11-14, and 16) for "elderly" persons. Other care costs (home care) appear less than hospital or nursing home care.

Weissert, W. G., Wan, T. T. H., & Livoeratos, B. B. (1980). Effects and costs of day care and homemaker services for the chronically ill: A randomized experiment. National Center for Health Services Research, Research Report Series, DHEW Publication No. (PHS) 79-3258 (Also published as Weissert, W. G., Wan, T. T. H., Liveratos, B. B., & Pellegrino, J. (1980). Cost effectiveness of homemaker services for the chronically ill. Inquiry, 17, 230-243).

Study shows that community based services do not save Medicaid monies.

# CONCLUSIONS

As mentioned in the introduction, the development of this bibliography involved the review of 160 references relative to the costs of long-term residential services. Of these, a total of 94 were selected for inclusion in this volume. Although this volume primarily intended is to serve as a reference resource we feel that it is appropriate to share with the reader some overall conclusions regarding cost studies in general, and the cost studies reviewed here in particular. These conclusions are:

1) Comparisons between existing studies are nearly impossible for several reasons:

a) inconsistent definitions of major variables such as "community," "institution," "small," and "large" residences are used in the various studies.

b) inconsistent definition and reporting of "costs," occur among reports (i.e., social cost, cost to states, costs to federal government, and total public costs).

c) inconsistent definitions and reporting of various benefits, (i.e., economic, social, and individual benefits).

d) comparisons are frequently made between groups of people who have different needs and who receive different levels of service with no efforts made to control for such differences.

e) comparisons of costs are complicated by economic differences between regions, inflation over time, changing standards, and new funding patterns.

2) Comparisons are often couched in terms of institutional costs vs. group home costs, rather than looking at fully individualized service options.

3) Services to individuals often seem to be determined strictly by the available funding sources rather than representing accurate and essential service.

4) While the same studies determine the cost of services with a fairly high degree of certainty, the benefits of a service or the appropriateness of the level of service an individual receives is not so easily measured, known, or even recognized.

5) From a public policy stand point, the total cost is only part of the answer. We must also look at where the costs are absorbed. Community programs usually cost less overall, but under current funding patterns a greater proportion of the costs shift away from federal funding and toward state and private funds.

6) Comparisons of average costs by models (institution vs. group home vs. family placement) are of limited utility in setting public policy. There is a need for more information on the actual costs for individuals with specific services needs served in various settings.

7) Any cost/benefit analysis is flawed because economic equations and quantitative data can never adequately account for the benefits of community life, or the human costs of institutionalization.

8) Costs in the current system (a dual institutional/community system with an institutional bias) may not reflect the actual costs to be achieved in a full community service system. The cost of offering individualized supports as an exception to the rule is likely to be more expensive than offering the same services as a part of a well developed community delivery system.

9) Finally, it is clear to us that there is an important but limited role for economic data in policy making regarding long-term residential care. There is a need for services to be provided in a manner that is fiscally responsible, however we can not pretend that the service with the lowest cost is necessarily the best choice. Rather the development of public policy should balance such economic information along with information on the quality of services; the benefits accrued to consumers, their families and society at large; and the preferences of consumers. Only in this context do the economic figures have any true meaning.

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